Executive Summary

In 2013, the Cote d’Ivoire Country Office continued its transition from humanitarian interventions to long term development goals, as the impact of the decade long conflict gradually subsided following concerted efforts by Government and partners, including UNICEF. The Country Office placed emphasis on restoring basic social services across the country, while also addressing the residual humanitarian needs in the most conflict-affected areas in the West and other areas with some of the worst basic indicators.

In 2013, the Cote d’Ivoire Country Office supported the Cote d’Ivoire Government’s commitment to “A Promise Renewed” initiative, which led to the Government’s support for a national health strategy. Advocacy and strategic partnerships developed and strengthened between UNICEF and international and local NGOs, the World Food Programme (WFP), Food and Agriculture Organisation (FAO), and World Health Organisation (WHO) encouraged the Government in June of 2013 to adopt a decree regulating the marketing of breast milk substitutes, and Cote d’Ivoire joined the Scaling-Up Nutrition (SUN) Movement. The latter is expected to lead to a national engagement in addressing malnutrition, reflected in adequate public policies, national strategies and budgetary allocations. A “Sustainability Compact,” which contains specific engagements for improving sustainability of Water, Sanitation and Hygiene (WASH) interventions, especially in infrastructure such as water points and school latrines, but also in behavioural change interventions, was signed by UNICEF and the five Ministers in charge of water, sanitation, health, education, and finance. A Strategic Plan of Social Protection was finalized along with a Medium-Term Action Plan of Social Protection. The revision to the United Nations Development Assistance Framework (UNDAF) strengthened adherence to the UN coherence and the Paris Declaration. The revision ensured that it is in line with the Cote d’Ivoire National Development Plan and the extension CPAP of all ExCom agencies. The main indicators of the Country Programme Action Plan (CPAP) are now available, as the Demographic and Health Survey (EDS-MICS 2011-2012) has been edited and disseminated.

The main shortfalls seen in 2013 included the stagnating high maternal mortality rate (614 per 100,000 live births). Under-five mortality stands at 108 per 1,000 live births. Hopefully the progress seen in the country in 2013 will lead to improved aid effectiveness and to increased aid for the health sector. In the area of child protection, despite the Government’s commitment to justice sector reform, access to justice for the most vulnerable in general, and in particular child victims, remains an issue.

The Ministry of Health (MoH) and the Fight against AIDS proposed a new HIV/AIDS coordination body and agreed to launch the implementation of the B+ option to treat HIV positive population. The MoH was successful in securing a Global Fund to Fight AIDS, Tuberculosis and Malaria (GFAMT) Round 9 contribution. A joint European Union (EU), UNICEF, United Nations Development Programme (UNDP), United Nations Operations in Cote d’Ivoire (UNOCI) project was launched in May 2013 to promote an accessible justice system, with particular focus on supporting legal aid clinics. The joint project successfully provided access and legal counselling to 3,000 individuals within its first six months.

Country Situation as Affecting Children & Women

Cote d’Ivoire was included for debt relief in the Enhanced Heavily Indebted Poor Countries (HIPC) initiative in April 2009, and attained HIPC completion point in May 2012, following a satisfactory assessment and the submission of the first progress report of the Poverty Reduction Strategy Paper (PRSP). This helped ease the debt burden of Cote d’Ivoire and promote investment in infrastructures. Government spending is still far from meeting the benchmarks required for resource allocation to the social sector. The dialogue framework which underpins the national social protection policy is high on the agenda within the Prime Minister’s Office, while the formal adoption of the policy by the Government is still pending. The universal health coverage plan was adopted in December 2013, and it is expected to expand health care coverage and improve access to health care to the most vulnerable populations. Preparations to carry out the census are underway. Once completed, the census data is expected to contribute to improving knowledge about denominators, and enable better targeting for development programmes, including UNICEF’s.
Child mortality is high and has not significantly declined in the last six years (108 per 1,000 in 2013 compared to 125 per 1,000 in 2006) and the alarmingly high maternal mortality rate has worsened in recent years (614 deaths per 100,000 live births in 2013 compared to 543 per 100,000 in 2006). A recent study in the two most populated urban areas, carried out in November 2013 by the Swiss Centre for Research, showed that it costs households on average XOF11,700 (approximately US$25) to treat a child against an illness (any illness within the two months preceding the survey), which is 20 times above the national poverty line as per the last Living Standards Measurement Study (LSMS) study. It is virtually impossible for many households to access health care and have their illnesses treated. The free health care policy adopted by the Government extends only to children and pregnant women, but there have been reports that despite the initiative, many of the target beneficiaries are still required to pay some fees. A study in the West of Côte d’Ivoire, for instance, where essential commodities were to be provided free of charge, showed that as many as 48 per cent of children visiting health centres had been asked to pay for curative consultations and 45 per cent for immunisation owing to permanent stock-outs, while 71 per cent of pregnant women said that they had paid for antenatal visit and 58 per cent said they paid for delivery in a health facility. According to the Health facilities exit survey in the West, (IRC, 2013), the low rate of utilisation of curative care (below 15 per cent) is the result of such distortions in health services.

Infant and young children feeding practices remain inadequate, with a low exclusive breastfeeding rate of 12 per cent. Chronic malnutrition is above 30 per cent on average. Côte d’Ivoire has adhered to the SUN initiative and developed a framework for resource mobilisation for the sector through a high level commission. However, the launch of SUN’s work at the country level has not yet taken place, nor has a plan been developed.

Côte d’Ivoire was on track to achieve the Millennium Development Goal (MDG) target related to the increase in access to improved drinking water in 2000, but the decade-long crisis resulted in a drastic reduction in investments in that sector, which was further hampered by the breakdown of pumps in rural areas and lack of maintenance. The water access indicator has deteriorated between 2000 and 2006, decreasing from 82 per cent to 76 per cent, so it is still far from reaching the MDG target of 88 per cent by 2015. Sanitation indicators have not shown much improvement since 2000. Currently only 24 per cent of households use improved household toilets. Côte d’Ivoire is off-track for reaching the MDG target for sanitation (60 per cent by 2015).

Overall there is an improvement in school attendance rate but regional and gender disparity remains a matter of concern. The Government started to implement education sector reforms and training as part of the Global Partnership for Education initiative. Throughout 2013, UNICEF and partners advocated for removing bottlenecks in school access, and the Government reiterated its decision to accept school enrolment for children without birth certificates. As a result, overcrowding in classes was reported in the North, clearly demonstrating structural deficits. UNICEF provided school furniture and supplies to some schools in 2013. The availability of teachers continues to be uneven and inequitable throughout the country.

Violence against children, in particular sexual violence against girls, is widespread and socially accepted. Challenges in terms of prevention, detection, referral and care, and fighting impunity of violence against children remain important. Documented trends of violence across the country include: 8 per cent of girls ages 15-17 and 13 per cent ages 15-19 have been victim of sexual violence, and 25 per cent and 31 per cent, respectively, have been victims of physical violence. Only one-third of the victims (35 per cent) have sought assistance (DHS, 2012). Access of child victims to the judicial system and enforcement of sanctions against offenders is still a challenge. Birth registration rates rose by 10 per cent from 55 per cent in 2006 to 65 per cent in 2012, but other child protection-related indicators either stagnated or remained unchanged. Child labour increased from 36 per cent to 39 per cent from 2006 to 2012. The percentage of children and women victims of violence who have access to justice improved to 23 per cent in 2013 (74 per cent of 1,500 children identified as victims accessed legal aid in 2013). Interventions in 2013 also helped to improve the quality of treatment of children in contact with the judicial system in five districts of the country, with the establishment of six legal clinics for direct legal and judicial assistance to populations, and training of police and gendarmes.

The Demographic and Health Survey–Multiple Indicators Cluster Survey (DHS-MICS) 2012 showed the HIV prevalence among 15-49 year olds was 3.7 per cent (compared to 4.7 per cent in 2005), with a decrease in
the feminization of the pandemic (4.6 per cent compared to 6.4 per cent in 2005).

**Country Programme Analytical Overview**

In 2013 the Country Office focused on Geographic Equity Based Interventions (GEBI), carried out within the framework of inter-sectoral implementation. Based on the bottleneck analysis undertaken in 2012, a plan was prepared and partnerships were reinforced through WASH, Education and HIV/AIDS programme cooperation agreements (PCAs) for effective delivery.

In the field of Health and Nutrition, the Country Office’s main intervention strategies were focused on strengthening the national capacity. Efforts were made to make quality strategic commodities available at the district and peripheral levels. In 2013, approximately 7 million children ages 6-59 months received a high dose of vitamin A, and 6 million children ages 1 to 5 years received deworming tablets (Albendazol), with 100 per cent coverage during the National Immunization Days held in April and October 2013. For curative interventions, ready-to-use therapeutic food and essential medicines were distributed to feeding centres to ensure management of 6,450 children with severe acute malnutrition, with a cure rate of 77 per cent.

In the area of WASH, the Country Office focused on the scaling up of Community Led Total Sanitation (CLTS). The Government created the National Office for Sanitation (ONAD), an operational agency to lead activities in the sanitation sector. The Country Office signed partnerships for CLTS with eight NGO partners to scale up interventions. The Country Office also prepared a partnership for the introduction of low-cost drilling methods in Cote d’Ivoire in 2014. The WASH programme continued to carry out drinking water, sanitation and hygiene promotion activities to fight the cholera epidemic from 2012; the epidemic was successfully stopped, with no new cases reported in 2013.

The Child Protection programme focused on building the child protection system for improved prevention, detection, referral and care for child victims of all forms of violence and abuse. The policy framework was strengthened through the development of policy documents and action plans, but their official approval by the Government is still pending (PNPE, SNPS, GBVS). Efforts were deployed for better protection and for prevention through community awareness raising and mobilization. The Office also focused on improving quality response for child victims through capacity building of service providers and system standardization; on supporting the reform of child justice system; and on promoting birth registration and civil registry reform.

In the area of HIV/AIDS, vulnerability analysis provided evidence for advocacy on the need to develop a strategy to protect adolescents against HIV/AIDS, sexual violence and exploitation, and to provide support in reproductive health and create an enabling environment for adolescents. Only 20.9 per cent of adolescents between the ages of 15 and 19 years old have adequate knowledge on HIV/AIDS. Almost 38 per cent of pregnant women were provided with antiretrovirals (ARV) as of September 2013, an increase from 34 per cent in 2012. Some 28 per cent of newborns from HIV positive mothers received ARV treatment in 2013, an increase from 15 per cent in 2011 and 25 per cent in 2012.

Communication for Development (C4D), as a cross-sectoral unit, provided support to programmes for the promotion of essential family practices through the drafting of communication plans, the production of communication materials, capacity building and participation in various campaigns.

**Humanitarian Assistance**

The Country Office responded adequately to the situation of displaced persons and the cholera epidemic. WASH kits supply in Internally Displaced Persons (IDP) camps around Abidjan was adequate, and the response focused on IDP camps and returnee villages for the West of the country. Cholera prevention was effective and no cholera cases were reported in 2013. The Country Office is supporting the health system, particularly a programme of free health care, by providing essential drugs. All health structures were supposed to deliver free health care to all children under-5 and pregnant women in the most affected areas in
the West. The Country Office also continued to provide first level psychosocial support benefiting 20,000 children.

In response to the deteriorating security situation in the Mont Peko region, in May 2013, the Country Office provided 800 sexually transmitted infection (STI) kits and 2 post-exposure prophylaxis (PEP) kits to health centres in the area. Condoms were also distributed to 2,000 soldiers in charge of military operations in the area. Populations in the Mont Peko region received communication messages promoting essential family practices through the Duékoué community radio and in the framework of the partnership with the national union of community radios.

**Effective Advocacy**

*Mostly met benchmarks*

The Country Office signed a partnership agreement with the state television RTI to encourage more reporting on children’s issues, which resulted in a 60 per cent reduction in broadcasting costs of public service announcements for UNICEF.

UNICEF continued to advocate for the development of a National Health Compact. The budgeted Programming document exists and the Compact will be officially signed in 2014. UNICEF advocacy in 2013 led to the elaboration of the National Health Accounts especially focused on Maternal and Children’s health care. As a result of successful advocacy efforts, the Government committed to increasing its contribution to the traditional vaccines supply. Advocacy in the area of nutrition led the Government to adopt on 6 June 2013 a decree for regulating the marketing of breast milk substitutes. In June 2013, Cote d’Ivoire joined the Scaling-Up Nutrition (SUN) Movement.

As a result of UNICEF advocacy in the area of WASH, a “Sustainability Compact” was signed by UNICEF and the five Ministers in charge of water, sanitation, health, education, and finances. The compact contains specific engagements in order to improve sustainability of WASH interventions, especially infrastructure, as well as behavioural change interventions.

As a result of intensive upstream advocacy work and technical assistance from the child protection section, in collaboration with the education section, the Ministry of Education adopted a sector concept/strategic note clarifying the broad vision of the education system in preventing, detecting and responding to violence affecting students, and acknowledging that sexual violence against girls in school is one of the key issues to address. A Code of Conduct and Professional Duties was developed. The Ministry of Education made an official statement of zero tolerance for teachers who commit sexual violence against students.

Through bilateral and public advocacy on female genital mutilation (FGM), a number of donors, including France and Canada, funded and carried out activities to sensitize young people in schools about the importance of ending the practice. Strong advocacy was also directed to GFAMT, who recommended review of the national management structure on HIV/AIDS before signature of the agreement for the second phase of the funding of Round 9. As a result of collaborative advocacy work, the GFAMT and the US President’s Emergency Fund for AIDS Relief (PEPFAR) committed to fill the gap in ARVs and other commodities provisions necessary for the implementation of the option B+ guidelines. The Government is committed to transit from ARV option B to B+ in 2014 to enhance access to care and treatment and improve health of women, children and adolescents.

The Ministry of Education has integrated 10 out of 23 new early childhood development (ECD) centres established by local communities and renewed its distribution of school supplies to all children enrolled in primary schools since 2012. The Country Office advocacy efforts also promoted the introduction of the child-friendly schools (CFS) model in the education programme, including the identification of critical nation-wide norms to be monitored at school level and the development of tools to analyse the situation of those norms in each school and to monitor progress.
Capacity Development  

*Partially met benchmarks*

The Country Office, in partnership with the international NGO IBCR, supported security forces training schools to develop and integrate a mandatory competency-based training module on child rights and protection in their curricula. All police and gendarmerie country forces are expected to have key competencies to adequately address child protection needs and to ensure the respect of child rights in their work. A competency-based training module for judiciary police officers and basic training modules were also developed to support continued training for police and gendarmerie staff already in the field.

The key stakeholders involved in ECD programmes at regional and zonal levels were trained to be community trainers on parental education in order to build local capacities to accompany the holistic development of young children. In line with the CFS approach, UNICEF continues to reinforce the capacity of Directors at the national level to better understand, implement and monitor the norms developed by the Ministry of Education. As part of UNICEF’s efforts to mainstream conflict sensitivity and promote peacebuilding, UNICEF will continue to promote dialogue and to provide technical support and capacity building to the Ministry of Education in the areas of conflict sensitive education planning and peacebuilding.

UNICEF focused its health interventions at the community level. Three hundred community health volunteers in 60 Districts were trained to be able to manage malaria, diarrhoea and pneumonia. They have been supervised by Districts Health Officers. With financial and technical support from UNICEF, the local NGOs IBFAN-CI established 63 mother-to-mother support groups in Abidjan. A total of 350 supervisors of local NGOs were trained on early malnutrition detection in the community, and were provided with knowledge in monitoring and referral of cases. Based on the training they received, those supervisors then went on to provide training to 3,135 community health workers on community malnutrition screening. Pools of 85 regional and national trainers were trained in counselling on infant and young child feeding (IYCF).

In the WASH area, capacity building activities focused on national partner’s planning capacities as well as national capacity for scaling up CLTS. A total of 71 trainers of trainers have been trained in CLTS by the founder of the CLTS approach (Dr. Kamal Kar) and a national pool of trainers was established. Capacity building training in participatory communication and community mobilisation also benefited 546 local partners, including 35 community radio announcers, 83 health district-level communication focal points, 60 community workers, 66 community health workers, 70 NGO members, 57 community leaders and 175 local CLTS trainers and community workers involved in the WASH programme. UNICEF also carried out information sessions for local journalists to help them better understand issues related to children and women in Côte d’Ivoire.

Communication for Development  

*Mostly met benchmarks*

C4D interventions focused on advocacy and partnerships, research and national capacity building, community mobilization and participation, and the production of communication materials.

The existing partnerships between UNICEF and national networks, namely the national Union of Community radios (URPCI) and the National Institute of Sciences and Techniques of Communications (ISTC) were reinforced. In collaboration with URPCI, 70 community radios were involved in the promotion of family
practices through radio spots and micro-programmes on child survival, protection, education and HIV/AIDS. The partnership with ISTC supported 14 end-of-cycle dissertations on child survival and development. The findings served as the basis to draft strategies for the implementation of four small scale projects to promote eight essential family practices. The projects, implemented by two local NGOs, reached 13,489 households in Abidjan. An evaluation was conducted in four localities to assess households’ perception and practices on essential family practices.

In association with relevant programme sections, UN Agencies, local NGOs and other partners, C4D support was provided to Government counterparts for a national HIV/AIDS caravan and HIV/AIDS and sport activities targeting youth and adolescents. UNICEF also led social mobilisation efforts during the National Immunization Days for polio eradication and in the celebration of the main international days/events, including the Day of the African Child, World AIDS Day, Hand Washing Day, and Girls’ Education Day.

Communication plans were drafted or updated to support programme projects or campaigns, such as vaccination, prevention of mother-to-child transmission (PMTCT), children and adolescents’ participation in the national truth commission, and the campaign against violence in school. Various communication materials, including radio and video spots, posters, flyers, cartoons, flipcharts, and movies, were produced and disseminated.

The C4D interventions implemented during the past two years aimed at social and behavioural change for child survival and development have contributed to national results and progress reported as reported in the DHS-MICS 2011-2012 survey regarding the use of ITNs, vaccination, promotion of hand washing, correct care and treatment of diarrhoea, exclusive breastfeeding for children under six months, and birth registration. However, the changes have not specifically been measured among the communities targeted by UNICEF. The level of change in terms of knowledge, attitude and practices remains unknown in these communities, but appropriate actions have been initiated to meet the benchmarks.

**Service Delivery**

*Mostly met benchmarks*

The Country Office opted to use mobile clinics to reach the most disadvantaged women and adolescents, and to reduce disparities in providing services, including ante natal clinics (ANC), PMTCT, voluntary confidential counselling and testing (VCCT) and HIV prevention. In the West and North, HIV/AIDS awareness through the mobile clinic activities targeted 18,736 young people and adolescents’ ages 10-24 years with information and life skills education. Of the 2,670 people tested for HIV, 45 were found to be HIV positive, and they were provided prophylaxis treatment. Antenatal services were provided to 1,430 pregnant women and the 32 who were founded to be HIV positive were referred to PMTCT services. Eighty nine victims of sexual violence were given PEP kits.

UNICEF supported the procurement and distribution of essential drugs in 14 Health Districts within the 4 most affected regions in the West to help the Government in its free health care policy for children under 5 and pregnant women. A total of 27,000 delivery kits and 1,400 caesarean kits were distributed to the health structures in the four Regions. To ensure a good supply of nutrition and non-food items, cooperation agreements were developed with national and international NGOs, especially in areas where Government capacity is insufficient to provide an adequate response. Nutrition activities were also improved through the provision of 88 metric tons of Plumpynut, 4 metric tons of therapeutic milk (3 tons of F75 and 1 ton of F100), and essential medicines for 6,450 children with severe acute malnutrition, with a cure rate of 77 per cent. Forty water points were built in areas at risk of cholera and 66,671 people sensitised on good hygiene practices. A total of 147 hygiene and hand washing kits were distributed in schools, and 15 latrine blocs and 2 VIP latrines were constructed in health centres.

The Education programme supported the construction of 13 new ECD centres with 26 classrooms and toilets. The construction of 39 classrooms in 13 primary schools is ongoing in the cocoa producing region. School
supplies were distributed in 200 primary schools, and the furniture was provided for 26 primary schools that were rehabilitated in 2012.

In 2013, the Protection Programme, in partnership with NGOs, supported the development of protection networks, bringing up the geographic coverage of these networks by 55 per cent at the district level (45) and 35 per cent for localities (563) as compared to 2011. Some 2,472 community leaders and workers and 551 service providers gained increased knowledge on child protection (prevention, detection and response).

In the scope of its partnership with the national union of community radios, the Country Office supported the equipping of six community radios awarded as the best child friendly radios. This equipment included amplifiers, computers, microphones, and other items to reinforce the stations’ technical capacities in order to improve their programs, with a special emphasis on child survival and development issues.

### Strategic Partnerships

**Mostly met benchmarks**

The Country Office signed 48 partnership agreements with national and international NGOs. Capitalizing on the existing partnership with community radios, the Country Office was able to adapt the global End Violence campaign for radio with country specific messages in five languages. Partnership with the Goethe-Institut, Save the Children and the embassies of France and Canada resulted in a mass advocacy campaign in Abidjan on child rights.

A strategic partnership was developed with GFAMT, with UNICEF positioning HIV/AIDS and malaria as sub-recipient of Round 9 for 2013-2014. UNICEF played a leading role in development of collaborative efforts with JUNTA, World Bank and University of Montreal, creating alliances with the Government, youth networks and NGOs working on adolescents, to share evidences around the vulnerabilities of adolescents to HIV/AIDS, STI and reproductive health, after which actions were taken against sexual gender violence and abuse by public services and other partners, including UNFPA and World Bank.

In the context of implementing ECD and non-formal education activities at the local level, the education programme stepped up collaboration with CARITAS to reinforce the capacity of communities to establish ECD centres in primary schools in the regions of Bouna and to strengthen conflict management capacities, promote a culture of peace, and reinforce social cohesion among the communities. That initiative is recognised by the Ministry of Education as a strategy of accelerating basic education in the zone with low enrolment.

As a result of an 18-month advocacy, design and planning process, a strategic partnership was established with the European Union, and coordinated with UNOCI and UNDP, that resulted in a two-year joint project on access to justice launched in May 2013. UNICEF played a leading role in development of collaborative efforts with the international non government organizations International Bureau for Children’s Rights (IBCR), United Nations Operation in Côte d’Ivoire (UNOCI) and other partners and stakeholders for supporting the Ministries of Defence and of Security, to develop and integrate the country programme’s competency based training modules as part of the mandatory training curricula of security forces.

WASH signed partnership agreements for the period of 2013-2016 with the French Red Cross, International Rescue Committee (IRC) and WSA to scale up CLTS in rural areas. Partnership agreements for the period 2013-2017 were signed with Map International, ODAFEM, ASAPSU, IFS and SED for rural sanitation, water supply and hygiene promotion. A study on the impact of CLTS on helminthic infection and children’s nutritional status is being carried out in partnership with the Centre Suisse de Recherche Scientifique (CSRS), a research institute based in Abidjan, A strategic partnership was established with IRC in the implementation of a new approach of the health financing system at district level, based on local performance. New partnerships in nutrition created with local NGOs, including ARK, NTN, RETOP, IBFANCI and ODAFEM, and the international NGO CIAI, supported extending community activities such as promotion of breastfeeding,
growth monitoring and promotion and nutrition surveillance.

C4D interventions were carried out in partnership with three local NGOs, and with the national Union of Community radios (URPCI) and the National Institute of Sciences and Techniques of Communications (ISTC).

### Knowledge Management

**Fully met benchmarks**

The Country Office partnered with ENSEA on Multiple Overlapping Deprivation Analysis (MODA) to develop national capacities on this methodology of analysis. Technical staff from various governmental structures and research centres were trained on MODA. A draft platform for collaboration between different research structures has been discussed. The upcoming LSMS survey data will be enriched by poverty analysis using multiple overlapping deprivations in addition to regular income poverty analysis.

To generate interest on topics relating to children’s rights among media professionals, a partnership with ISTC was formed, which enabled 14 students to develop their research theses. The results of this work will contribute to some extent to filling the knowledge gap, particularly on health related key family practices (KFP).

Following the regional knowledge management meeting, the Country Office updated its knowledge management plan and is in the process of acquiring TeamSite. The Office has established a systematic debriefing meeting of key regional events attended by professional staff. The implications for the Office are highlighted and where necessary an action plan is developed and closely monitored by the Programme Coordinating Team (PCT).

"Partnership for the transition" was put in place in Cote d’Ivoire through a concerted and coordinated approach involving the Government, international NGOs, UNICEF and ECHO, based on the principle of co-management, with a view to addressing the continuity of service provision to populations in the most vulnerable districts. The implementation of the partnership for the transition was followed by a Steering Committee composed of representatives of the Government, humanitarian agencies and development partners (UNICEF and ECHO).

With the financial and technical support from New York Headquarters (NYHQ), the Country Office documented HIV/AIDS in emergency interventions in Abidjan and in the West so that relevant lessons learned and recommendations from PMTCT could be shared. The study used focus group methodologies targeting duty-bearers and stakeholders and the secondary analysis of DHS-MICS 2011-2012. The results are compared with those of EDS 2005 to assess programme performances.

The Peacebuilding, Education and Advocacy Programme enabled UNICEF, in partnership with the Ministry of Education and other key stakeholders, to conduct a conflict analysis of the education sector with a focus on the school environment. This was the first stage in mobilising Government partners for the peacebuilding programme.

In the area of child protection, ongoing studies on birth registration and civil registry system reform, alternative care system, and violence against students are pending finalization. Upcoming results are expected to support advocacy and orientate systems reforms. An analysis of the situation of child justice in Cote d’Ivoire was developed in coordination with UNOCI and Fondation Amigo. An external evaluation of the methodology of social work for community based child protection piloted in the Bas Sassand region was undertaken prior to scaling up.

Two high level workshops on bottleneck analysis to strengthen national planning capacities were held, using the WASH-BAT tool.
Human Rights Based Approach to Cooperation

Mostly met benchmarks

UNICEF supported the Government in improving access to quality health care for children under-5 and pregnant women by providing essential commodities, including essential drugs, in the four most-affected Regions. Regional planning on HIV/AIDS and reproductive health targeting vulnerable adolescents using a human rights based approach and result based approach was supported in five regions. Stakeholders including regional directors and governors were included in the regional planning, with the aim of improving understanding their roles as duty bearers in strengthening accountabilities of stakeholders and fulfilling the rights of adolescents. UNICEF continued its WASH advocacy with the Government to both reach the most disadvantaged people and ensure efficient use of resources through a prioritisation of basic sanitation in rural areas. Success was limited, as the Government continues to prioritise urban areas, and prefers to fund network-based sanitation (as opposed to the cheaper basic, on-site sanitation). Advocacy for the creation of a WASH Sector Group was more successful. The Group was created and held its first meetings toward the end of 2013.

C4D interventions were designed to reach out to disadvantaged and vulnerable children and communities for the fulfilment of their right to information and participation in projects targeting them. Four C4D projects were implemented in this respect, sensitising 13,489 households on essential family practices.

The Child Protection programme supported the Government in developing the National Plan of Action for implementing the Child Protection National Policy, which was validated in 2012. Accountabilities, objectives and concrete measures to be taken were clearly settled by and for all sectors responsible for child protection, in particular the social welfare sector, along with justice sector, education, health and communication. The Plan provides the basis for cooperation and planning for support starting in 2014. In 2013, Child Protection interventions were designed to strengthen prevention and protection mechanisms in the most conflict-affected and disadvantaged areas. Birth registration promotion interventions focused on reaching disadvantaged communities in areas with the lowest registration rates, through community awareness raising and mobilization activities, civil registry services capacity building and provision of equipment. UNICEF also launched a feasibility study for civil registry system reforms that would orient decision makers and donors to support civil registry system modernization, by addressing bottlenecks affecting demand and service delivery.

Gender Equality

Mostly met benchmarks

The recent statistical compendium published by the Ministry of Education estimates a gap of 7.1 points between the enrolment rate of boys and that of girls. UNICEF organised a workshop in 2013 to analyse the situation of girls’ education and launched the development of a specific national plan to accelerate education for girls. UNICEF supports literacy of women in rural communities and builds their skills through training on literacy, numeracy, income generation and management, in the context of supporting community-based ECD centres. UNICEF also supports activities that aim to strengthen social cohesion in conflict affected communities, with a particular focus on the role of mothers. The Government enacted a “feminisation” of village water committees, a policy that aims at improving women’s roles and ownership for public issues. UNICEF is very supportive of that initiative. UNICEF recommended women’s participation in the composition of health committees. The women’s presence in a committee is a performance criteria in the attribution of awards points for the payment of primes in the framework of the Performance-based financing approach.

All C4D interventions were based on community participatory approaches, ensuring the involvement of male
and female community leaders. C4D training sessions gathered both women and men. The qualitative survey carried out by the C4D unit involved an equal number of men and women in the targeted areas.

The sensitization of men about the benefits of Antenatal consultation and PMTCT services increased both men’s involvement in PMTCT and the uptake of voluntary counselling and testing among men and women. Several groups of men were involved in community dialogue to promote positive attitudes towards PMTCT, VCCT and ANC services, contributing to a reduction in the individual and cultural barriers to VCCT, PMTCT and ANC.

Environmental Sustainability

*Partially met benchmarks*

UNICEF has received funding and is finalising the partnership to introduce manual drilling, a low cost technology, in Cote d’Ivoire. This technology is not appropriate for all areas of Cote d’Ivoire as its feasibility depends on hydro-geological factors; however, if it can be established it has the potential to significantly reduce the cost of new boreholes and thus the coverage rate for different water uses (household use, agriculture, livestock, etc.); insofar it can contribute to resilience to climate change.

The risks and vulnerabilities of female adolescents for HIV and reproductive health issues were identified through the vulnerability analysis studies on adolescents and HIV/AIDS. The conclusions were used for advocacy, planning and implementation of GBV interventions with the Ministry of Education and several NGOs.

Humanitarian actors and bilateral partners support the Government in its effort to develop national capacity to respond to disaster risk reduction and climate change issues. For example, in addition to existing early warning mechanisms for food and nutrition crises, the national platform for reducing chronic malnutrition has been supported by UNICEF.

South-South and Triangular Cooperation

With support from the Child Protection programme, in partnership with an NGO, the Government of Cote d’Ivoire held the Sixth Regional Workshop for Africa on building security forces’ child rights and child protection capacities. A total of 26 country delegations, including more than 80 representatives from security forces training institutes, security departments in charge of child protection, and UNICEF Child Protection focal points participated. They discussed progress and challenges, shared lessons learned and best practices, and agreed on ways to move forward to build long term security force capacities, based on the key Child Protection competencies framework for security forces designed in 2009.

The Country Office supported the study visit to Uganda of a Cote d’Ivoire delegation composed of representatives of civil registry authorities and the ID central department, Ministry of Health and UNICEF, to learn more about Uganda’s experience in modernizing their civil registry system, in particular computerization, NTIC and links with the health system. Cote d’Ivoire’s Ministry of Interior engaged, with UNICEF support, in piloting a project on birth and death declaration through mobile phones through a partnership with the mobile service provider Orange. A feasibility study launched with UNICEF support will orient national reforms.

In June, UNICEF held a sub-regional meeting for UNICEF staff from the Protection and Education programmes of Burkina Faso, Cote d’Ivoire, Mali and Niger to exchange information on experiences related to protection of girls in school, as part of a project supported by the French. The meeting was facilitated by the UNICEF West and Central Africa Regional Office (WCARO) region and the French Ministry of Foreign Affairs.
Narrative Analysis by Programme Component Results and Intermediate Results

Cote D'Ivoire - 2250

PC 1 - Child survival

**On-track**

**PC 2250/A0/05/007** Des interventions basées sur des évidences scientifiques et statistiques ainsi que des équipements, des commodités essentiel essent disponibles et accessibles par les femmes et les enfants des zones défavorisées

**Progress:** The health system continued to suffer from the repercussions of a decade of political unrest. A study in two very populous neighbourhoods of Abidjan showed that traditional medicine is the first reference in 33.1 per cent of households in case of an illness in under-5 children, and self-medication is the second reference of nearly a quarter of households (23 per cent). Visiting a health facility is not the first choice of households. For births, while the first choice was the community health centre (27.4 per cent), public hospitals (23.4 per cent) and dispensaries (18 per cent) were also cited by pregnant women as their preferred site for giving birth.

Free health care policy was adopted in 2012, and has been implemented by the Government since then, with a focus on providing free health services to under-5 children and pregnant women. However, a study in Abidjan showed that households pay an average of FCFA11,700 (US$23.40) for an illness in a child, and FCFA 21,404 FCFA (US$43) for a delivery without complications. The Country Office, with Global Fund support, was able to provide integrated curative, preventive and promotional care to more than 100,000 under-5 children in 50 out of 82 districts over a period of four months in 2013.

A decentralized monitoring of high impact interventions associated with a performance-based funding approach was initiated in six districts to model a revitalization strategy and set a successful example based on equity and the removal of bottlenecks.

**On-track**

**IR 2250/A0/05/007/002** D'ici fin 2013, Les enfants et les femmes enceintes, notamment ceux des zones de convergence sont complètement vaccinés ; la circulation du poliovirus sauvage est arrêtée, la rougeole et la fièvre jaune sont contrôlées et le TNN est éliminé

**Progress:** The reinforcement of routine Expanded Programme on Immunization (EPI) activities led to improvement in the immunization coverage since 2007. For Penta3, the coverage increased from 73 per cent in 2007 to 97 per cent for January-September 2013; for Measles, the coverage rose from 64 per cent in 2007 to 78 per cent for January-September 2013; and for TT2, the coverage increased from 43 per cent in 2007 to 75 per cent for January-September 2013. The goals were achieved for Penta3, while further efforts are needed for Measles and TT2. No Poliovirus cases have been reported in Cote d'Ivoire since July 2011, and the country is on track to obtain Polio eradication certification.

Yellow fever and measles are under control. The number of confirmed yellow fever cases decreased from 49 in 2010 to only 5 cases in 2013, while the number of measles epidemics decreased from 31 in 2010 to none in January-September 2013. Out of the 442 suspected yellow fever cases, only 1 per cent (5 cases) were confirmed. Between January-September 2013, out of 442 suspected measles cases, only 40 (9 per cent) were confirmed and no epidemics were officially declared.

Cote d'Ivoire was declared as having eliminated Maternal and Neonatal Tetanus following the evaluation conducted in September 2012 by WHO (WHO/Geneva 21 June 2013 ref 18-370-1)

**On-track**

**IR 2250/A0/05/007/005** D'ici 2013, les nouvelles infections pédiatriques sont reduites d'au moins 50 per cent dans les zones de convergence

**Progress:** During the five-year Country Programme of Cooperation, UNICEF and the Government planned to intervene in 23 priority districts in the West, Southwest and the Centre regions, to eliminate mother-to-child transmission of HIV. Major bottlenecks experienced during the course of the implementation include: 85 per cent of husbands of pregnant women seen during antenatal care do not benefit from an HIV test; 46 per cent of HIV positive pregnant women do not receive ARVs; and 82 per cent of children born to HIV positive mothers do not benefit from early detection.

In 2013, the target population in those areas was represented by 102,686 pregnant women and 6,821,831 women of child-bearing age. The interventions carried out in 2013 supported the opening of new PMTCT services in 27 health districts in the West and the Centre. In those districts, a total of 98,618 pregnant women (96 per cent) utilized at least one antenatal care service; of whom 91,601 (98 per cent) were tested and 2,005 (2.1 per cent) were found to be HIV positive; 1,138 (56 per cent) HIV positive pregnant women were provided ARV prophylaxis while 316 (72 per cent) were on ARV therapy. One area in need of improvement is maintaining the treatment rate. As many as 27 per cent of HIV positive pregnant women dropped out of the treatment halfway.

The analysis of the results shows that Cote d'Ivoire has seen around 31 per cent reduction in new paediatric infections. To continue to the positive trend toward reducing new paediatric infections and reach the goal of 50 per cent, tritherapy will need to be provided to 90 per cent of HIV positive pregnant women. Currently, 56 per cent of HIV positive pregnant women are receiving ARVs. To achieve the goal of zero infection, UNICEF Cote d'Ivoire will increase the retention of HIV positive pregnant women for PMTCT; accelerate the transition from B option to B+ option; increase access by delegating tasks to nurses; and promote support of husbands in maternal and child health.
New and innovative strategies will be implemented, such as community-based monitoring and operationalizing the district approach.

**On-track**

**IR 2250/A0/05/007/006** D’ici 2013 Les enfants et les femmes particulièrement ceux des familles pauvres et vulnérables dorment sous MILDA et reçoivent desantipaludiques appropriés pour le traitement et la prévention et les femmes enceintes ont accès a la consultation prénatale et d’assistance d’un professionnel de sante lors de leur accouchement et a une prise en charge adéquate des urgences obstétricales etnéonatales..

**Progress:** The maternal mortality rate is a serious concern in Cote d’Ivoire, having sharply increased from 543 deaths per 100,000 live births to 614 deaths per 100,000 live births between 2005 and 2012. A reduction of 24 per cent a year in the number of those deaths would be required for Cote d’Ivoire to achieve the related MDGs. In fact the rate is increasing every year at a rate of 10 per cent.

Maternal and Neonatal care: The high level of maternal mortality rate can be attributed to the low support provided for complications related to pregnancy and delivery (level of needs met satisfactory only 35 per cent, per the Ministry of Health Survey 2010). Births attended by skilled health personnel have seen only a slight progress between 2005 and 2012, from 57 per cent to 59 per cent. A very high percentage (91 per cent) of pregnant women receives at least one prenatal care, but many do not follow up and thus do not benefit from at least four consultations during pregnancy. Usage of contraceptives has increased from 10 per cent in 2005 to 13 per cent in 2012, but is still far below the national goal of 30 per cent.

Malaria control programme: The 2012 DHS revealed that 66 per cent of households have at least one long-lasting insecticide-treated net (LLIN), while only 33 per cent of the family members sleep under one. Some 37 per cent of under-5 children said that they had slept under an LLIN the previous night (as compared to 15 per cent in MICS 2006), while 2 pregnant women out of 5 (40 per cent) said they had done so. Some 47 per cent of pregnant women took anti-malarial drugs as a preventive measure during their last pregnancy, but only 18 per cent benefited from an official intermittent preventive treatment (IPT).

Child care: A vast programme of essential drugs supply was carried out by UNICEF Cote d’Ivoire in partnership with four international NGOs to support the national Free Health Care policy in the most vulnerable 17 Districts in the country, covering around 800,000 under-5 children and 200,000 pregnant women. As a result, the availability rate of tracer drugs rose to 76 per cent. A social marketing approach for the promotion of the use of ORS/Zinc was launched in 11 Districts. Some 55,000 cases of diarrhoea in under-5 children were treated. As a sub-recipient of the Global Fund grant on community-based malaria management, UNICEF provided support to 40,000 children under-5 who tested positive using the Rapid Diagnose Test for malaria by providing ACT treatment; and 2,407 children were provided care against ARI.

**Constrained**

**IR 2250/A0/05/007/008** Le secteur de la sante bénéficie d’un environnement politique favorable oriente vers l’efficacité, l’efficience, l’équité et labonne gouvernance

**Progress:** The health sector coordination mechanism chaired by the Minister of Health was put in place in the framework of the COMPACT process. Two meetings were organised under this mechanism and discussions were held on health system financing, decentralisation and health districts revitalization, and drugs supply. The implementation of the 2012-2015 National Health Development Plan focusing on equity and bottlenecks removal is in the phase of broad dissemination to all actors in the health system, had been started at the year’s end... The national budget allocated to the health sector remains low, staying at 5 per cent in both 2012 and 2013.

**On-track**

**IR 2250/A0/05/007/015** Support Cost Outcome Heath

**PCR 2250/A0/05/014** 60,000 enfants hors du système éducatif ont accès aux offres alternatives d’éducation de base reconnues et promues par le Ministère de l’Education Nationale

**Progress:** Undernutrition remains a major cause of morbidity and mortality among under-5 children in Cote d’Ivoire, caused by inappropriate care and feeding practices, poor environmental conditions, poor hygiene practices and limited access to safe water and health services. Lack of women’s access to information on key essential family practices, education in the context of food insecurity and poverty are a bottleneck that hampers improving undernutrition indicators. DHS 2012 shows that the global acute malnutrition rate is high, at 7.5 per cent, with the severe acute malnutrition rate at 1.7 per cent. Approximately 15 per cent of children are underweight. Chronic malnutrition prevalence is about 30 per cent, with big disparities across the country, and the rate as high as 40 per cent in the northern regions. Despite most, if not all, children being breastfed in Cote d’Ivoire, only one-third of newborns are breastfed in the first hour after birth, and only 12 per cent are exclusively breastfed. Among women of childbearing age, about 67 per cent have a body mass index (BMI) between 18.5-24.9kg/m2, and risk of malnutrition in this group is low. Progress at the institutional level is important and the priority is to mobilize the human, financial and material resources to scale up nutrition interventions. Investment in nutrition is limited, hampering the provision of service packages.

Advocacy and strategic partnerships have enabled the Government to announce a decree for regulating the marketing of breast milk substitutes. In June 2013, Cote d’Ivoire joined the Scaling Up Nutrition (SUN) Movement. The Deputy Director of the Prime Minister’s Office was appointed as the focal point of the movement, which shows the willingness and the commitment of the Government to place nutrition high on its agenda. A platform of partners is being established to strengthen coordination to accelerate the scaling up of efforts to ensure equitable access and improving demand for nutrition services.
Throughout 2013, the Country Office continued to work closely with the Ministry of Health and other partners, including FAO, WHO, WFP, ACF, HKI, IBFANCI, ODAFEM, and RETOP. In 2014, UNICEF, in collaboration with partners, will support the Government in the installation of the National Nutrition Council and the adoption of a budgeted Strategic Plan for Nutrition.

**On-track**

**IR 2250/A0/05/014/001 IR1-**Problèmes de Nutrition Prevenus s en soins préventifs et promotionnels et assure un bon état nutrition à leurs enfants

**Progress:** The Country Office provided high dose of Vitamin A to about 7 million children ages 6-59 months; and Albendazol deworming tablets to 6 million children ages 1 to 5 years, with 100 per cent coverage during the National Immunization Days held in April and October 2013. Thanks to the Office's efforts to promote consumption of iodized salt, DHS 2012 shows that 92 per cent of households are now using iodized salt. Quality control efforts will continue at entry points along with efforts to revise legislation in accordance with WHO standards for fortified products.

As part of the promotion of IYCF and good feeding practices, sensitization sessions were organised for parents, communities and support groups on breastfeeding, with an emphasis on early and exclusive breastfeeding. With financial and technical support from UNICEF Côte d'Ivoire, a local NGO partner established 63 mother-to-mother support groups in the districts of Abidjan. Approximately 1,245 pregnant women and 462 lactating women were sensitized on good feeding practices during pregnancy, lactation and the development of their child during the first 24 months of life. Promotional activities were organized during the World Breastfeeding Week celebration, and 85 regional and national trainers were trained in counselling on IYCF.

Those results were achieved through a strengthened partnership with National Nutrition Program, NGOs, WFP, FAO, WHO to support the provision of services, development communication and capacity development.

**On-track**

**IR 2250/A0/05/014/002 IR2-**Reponse curative problemes nutrit güe sévère sont identifiés et bénéficient d’une prise en charge adéquate

**Progress:** For curative interventions, 88 metric tons of Plumpynut, 4 metric tons of therapeutic milk (3 tons of F75 and 1 ton of F100) and essential medicines were provided to feeding centres by the Country Office to ensure management of 6,450 children with severe acute malnutrition, achieving a cure rate of 77 per cent. UNICEF Côte d'Ivoire also provided nutrition equipment and technical support to local NGOs to increase their capacity in early identification of malnutrition in the communities.

The National Protocol on acute malnutrition management was revised and management tools will be validated to serve as the basis for the capacity building of service providers. Strategic reflection has also been initiated with the Ministry of Health to address the challenges of sustainable financing of interventions to improve the processing of data by the health information system, the quality of the acute malnutrition and supplies management.

The scale up plan of severe acute malnutrition management is being prepared and a consultation meeting with all stakeholders will be organized to identify lessons learned and challenges. In early 2013, the nutrition cluster was replaced by the nutrition sectoral group chaired by the National Nutrition Programme and co-chaired by UNICEF.

**On-track**

**IR 2250/A0/05/014/003 IR3-**Support PCR Nutrition ctitivités relatives au PCR Nutrition

**Progress:** Côte d'Ivoire is not on track to meet the MDG target 7. Difficulties with access to drinking water, improved sanitation and basic hygiene remain in both rural and urban areas. Structural and institutional weaknesses including absence of sector policy and strategy documents; and insufficient sector funding and a lack of sector coordination are responsible for that lack of progress.

Some progress was observed in 2013 thanks to the presidential programme, and to financial support from development partners (World Bank, African Development Bank, European Union, AFD, KfW, BID, Governments of Japan, Netherlands) and the UN system via UNDAF and NGOs.

Significant progress was made in urban water supply due to the increase of drinking water production and storage capacity in urban centres. If those efforts continue in 2014, important progress will be made regarding the reduction of the share of the population that does not have access to improved water supply in urban areas.

The Ivorian government has engaged a private company, SODECI, for the repair of 5,000 broken hand pumps and the maintenance of all 16,000 hand pumps. This partnership was financed mainly under the Presidential Emergency Programme (PPU), and partly by development partners such as UNICEF and NGOs.

Good progress was made by the Government in 2013 in urban sanitation, in partnership with development partners, for the drainage of rainwater in some of the strategic areas. However, more work still needs to be done, especially in some of the secondary cities of Côte d'Ivoire. Less progress was made by the Government and/or by development partners with regard to rural sanitation. However,
important funding was mobilized (EU, Netherlands, UNICEF) and project implementation has been prepared by the Government and UNICEF; these activities are likely to bring Côte d’Ivoire much closer to the MDG target of 67 per cent coverage for rural sanitation over the next few years.

Some activities have been implemented for the promotion of hygiene, especially hand washing with soap. However, hand washing is not yet a generalized practice in communities in Côte d’Ivoire.

Approximately half of the primary schools in Côte d’Ivoire have water, sanitation and hygiene facilities. However, there is no existing maintenance system for the existing infrastructures, and little is done to cover the other half of schools.

UNICEF interventions have contributed to the following results:

* Not a single cholera case was confirmed in 2013
* In the areas that were formerly cholera endemic (Aboisso, Adiaké et Tiassalé), the access of communities to water sources has much improved
* According to the international certification team, Côte d’Ivoire fulfills all criteria for the certification of Guinea Worm Eradication;
* Strong engagement has been taken by the Government through the signature by 5 Ministers and UNICEF of the Sustainability * Compact, which aims to improve sustainability of water, sanitation and hygiene infrastructure and behaviour change;
* Ministers in charge of Health, Sanitation and Water have expressed their strong support in favour of Community Led Total Sanitation (CLTS) during the visit of Dr. Kamal Kar (founder of the CLTS approach) in Côte d’Ivoire.

progress: Currently there is no policy document for the sector or its sub sectors in place. The ”Sanitation Policy Letter,” which was developed in 2012 and provides an outline of the policy, has not yet been approved. The creation of a Government-led sector coordination group was underway; first meetings have taken place, but the Government has not yet formalized the group.

The amount of internally mobilized resources is insufficient in Côte d’Ivoire, representing only 0.21 per cent of the GDP, against the target of 0.5 per cent per the engagement taken at the Sanitation and Water for All (SWA) High Level meeting in Washington, DC.

Within the sanitation sector, funding for rural sanitation has seen a modest increase over the last few years, although it has not yet reached the goal of 20 per cent of the total WASH sector funding.

The Government made considerable efforts in the area of rural water supply, through the mobilization of FCFA7.2 billion (around US$3.6 million) for repair and maintenance of hand pumps through the private company SODECI. Additional support of around FCFA199 billion (around US$400 million) is expected from technical and financial partners (UNICEF, EU, Netherlands, World Bank, AfDB, AFD, Japan) between 2013-2017. An initiative to improve sector coordination between the Government and development partners was organized by the EU, and UNICEF serves as the lead of the WASH Sector Group. The National Office of Sanitation and Drainage (ONAD), which was created as a private company by the Government in 2013 and which is working as operational structure under the supervision of the Ministry in charge of sanitation (MCLAU), aims to mobilize more financial resources for the sanitation sector.

As a result of the advocacy by UNICEF and other development partners, some progress was made regarding the prioritization of rural sanitation; however, rural sanitation is still not a priority for the Government when compared to urban sanitation, and to water supply (both rural and urban).

A sustainability compact was signed by the Ministers in charge of water, sanitation, health, education, and economy and finance in order to improve sustainability of WASH infrastructure. Water, Sanitation and Hygiene sector bottlenecks have been analysed, and the sustainability compact clearly describes the roles and responsibilities of Government actors in overcoming those bottlenecks in the period of 2013-2023. With the engagement of those five Ministries in the National Planning for Results Initiative (NPRI) process, an important step was taken toward results based planning and a better targeting of sector resources, especially funding.

progress: In 2013, little progress was made in terms of ending open defecation. But 100 per cent of the 350 villages that are open defecation free (ODF) have also adopted handwashing with soap, due to the systematic integration of handwashing within the CLTS campaigns. In 2013, the scaling up of CLTS was prepared, and the results will be available in 2014-2015. Progress in 2013 included:

- 71 trainers of trainers were trained in CLTS by the founder of the CLTS approach (Dr. Kamal Kar), the best 12 were selected for the national pool of trainers and for further training, and they are being used to carry out trainings of CLTS facilitators.
- 74 CLTS facilitators from NGOs and decentralised state structures (sanitation, health) were trained in the regions of Bas Sassandra, Montagnes, and Sassandra Marahoué;
- Following CLTS triggerings, 6,600 people in 22 villages declared their willingness to end open defecation within three months.
- Without external support, the Ministry’s Sanitation Directorate (DAD) was not able to evaluate CLTS villages. The Ministry’s staff at sub-central (regional) level is not yet used to its full potential because regional and departmental representatives are so
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- 18,667 children under 5 have consumed water treated with Aquatabs in the Health Districts of Soubré, Mankono, Bouna, Boundiali, Sakassou, and Béoumi; new selling stations for Aquatabs were established in 11 departments, and 681,360 aquatabs were sold.

The high cost of Aquatabs led to a change in the strategy for the promotion of household water treatment products. The search for a partner for the production and promotion of "Sur’Eau" (Waterguard) is ongoing.

**On-track**

**IR 2250/A0/05/015/003** Dans les communautés, les écoles et les centres de santé, des infrastructures, produits, et services en Eau, Hygiène et Assainissement sont disponibles dans 15 régions de la Côte d’Ivoire (Agneby-Tiassa, Sud-Comoé, Bounkani, Gontougo, Béré, Folon, Kabadougou, Nawa, Gbokité, San Pedro, Cavally, Guémon, Tonkpi, Haut Sassandra et Marahoué)

**Progress:** The CLTS approach has been utilised as an entry point for all other WASH interventions. As a result, 51,000 additional people in 539 villages have been pre-triggered in 2013. 50 out of these have been triggered, in the departments of Bouna, Blankouma and Gueyo, which will have access to improved latrines.

Some 25,000 people in 21 villages of the Kouibly department in the West of Côte d’Ivoire gained access to safe drinking water, and two primary schools there have access to improved sanitation facilities.

The Government decided to enact a “feminisation” policy, promoting women in the village water committees. This is the basis for the professionalization policy for pump maintenance, where one private operator per region works with the village committee to ensure functioning of hand pumps, a policy for which UNICEF and the EU have advocated.

**On-track**

**IR 2250/A0/05/015/004** Les personnes en situation d’urgence humanitaire ont accès à un paquet de services WASH selon les standards CCC.

**Progress:** The CERF 1-4 funding enabled UNICEF Côte d’Ivoire to respond adequately to the situation of displaced persons and the cholera epidemic. WASH kits supply in IDP camps around Abidjan has been adequate, and the response focused on internally displaced camps and returnee villages as for the West of the country.

The activities that targeted the cholera epidemic in 2012 and cholera prevention in 2013 were very effective, and no new cholera cases were confirmed in 2013.

Other achievements in 2013 included:

- 18,137 people gained access to drinking water through 40 water points, of which 11 are replaced hand pumps, and 29 are improved wells;
- 66,671 people, including the parents of 10,668 children between the ages of 0-5, were sensitised on good hygiene practices in the health districts of Adiaké, Tiassalé, and Abidjan and surrounding areas;
- 83 teachers in the Adiaké health district, 25 Red Cross volunteers in Tiassalé, and 56 CARITAS volunteers in Abidjan were trained on cholera prevention measures and good hygiene practices;
- 13,410 students (6,353 girls and 7,057 boys) in 49 primary schools in IEP Tiapoum and Adiaké benefited from 147 hygiene and handwashing kits;
- 102,667 Catholics were sensitised on good hygiene practices in Abidjan;
- 7,500 patients and health personnel benefited from the construction of 15 latrine blocs and 2 VIP latrines in the health districts of Aboisso, Adiaké, Grand-Bassam and Tiassalé; and
- National media campaigns were organised for the preparation of the guinea worm eradication in Côte d’Ivoire.

**IR 2250/A0/05/015/005** Missions et services

**PC 2 - Basic education and gender equality**

**Constrained**

**PCR 2250/A0/05/008** 60,000 enfants hors du système éducatif ont accès aux offres alternatives d’éducation de base reconnues et promues par le Ministère de l’Éducation Nationale.

**Progress:** The pre-school enrolment rate is 4.5 per cent in 2012 according to the DHS-MICS 2012, down from 5.5 per cent in 2006 (MICS 2006). According to the education Medium-Term Action Plan (PAMT) 2012-2104, only 1,6 per cent of the total investment budget was allocated in 2013 to pre-school (quality and access). The trend also reflects the effects of high fees for ECD services (FCFA6000 in rural areas, FCFA16000 in urban centres), as well as the lack of community engagement in the matter.

Weak of data collection on the ECD services and with communities themselves hampers the establishment of a baseline to enable the development of well targeted programs.

UNICEF’s advocacy efforts led to the establishment of a technical coordination group at the national level to better inform Government action and to the development of a parental education program and the development of standards for the adequate care of young
Advocate with the ministerial counterparts for the continuous, free access of the most vulnerable children to ECD services.

According to the 2013 annual statistics of the Ministry of Education, there are 1595 ECD centres caring for 111,384 children, of which 49.6 per cent are girls. While nearly 66 per cent of ECD structures are public or community based, the “elitist” character of ECD services remains, with 84 per cent of ECD centres being located in urban and peri-urban areas.

Efforts will continue to be geared towards the ECD sub-sector, in order to:

- Develop an operational action plan on ECD and ensure its ownership by relevant Government and community structures;
- Ensure the widespread dissemination of the parental education program and of the standards developed for appropriate care of young children at the community level and through the training and support to families and caretakers;
- Support the participation of and involve communities in all aspects of ECD service delivery; and
- Reinforce the partnership between the Ministry of Education and the Ministry of Social Affairs for the establishment of a coherent information system on Early Childhood Development.

Advocate with the ministerial counterparts for the continuous, free access of the most vulnerable children to ECD services.

Progress:

IR 2250/A0/05/008/001 200,000 enfants de 3 à 5 ans, en particulier dans les zones rurales et le milieu urbain pauvre, bénéficient d'une offre d'éducation préscolaire améliorée

**Progress:**

From 2009 to 2013, the number of ECD centers increased from 138 ECD centers for 12,950 young children to 169 targeting 17,551 young children. That result is insufficient (8.7 per cent of the expected result) when compared to the objective.

Training sessions for pre-school caretakers and community-based caretakers were organized on the use of ECD kit and nutritional care of young children.

In 2013 efforts were oriented to the training of animators of ECD centers and local communities, and to the construction, rehabilitation and equipment of ECD structures aimed at improving the holistic care for young children aged 0-8. Those efforts continue over the next two years. Despite this effort, many children still do not receive appropriate care for their holistic development.

IR 2250/A0/05/008/015 Couts d'appui à la mise en oeuvre des activités relatives du Programme component Education

**Progress:**

IR 2250/A0/05/008/016 Le cadre institutionnel et de coordination sur le développement du jeune enfant est consolidé et fonctionnel

**Progress:** In 2009, a multisectoral coordination/working group on ECD was established under the leadership of the Ministry of Planning, to ensure concerted action in support of early childhood development in pre-school centres, including community-based ECD centres. The lack of systematic, regular data collection and the lack of baseline data on ECD represented and still represent one of the key challenges that hamper the adequate planning and programming for the 0-8 age group. The current set up and framework for ECD interventions does not facilitate an effective, collaborative and multi-sectoral approach required for the holistic development of young children and their preparation for entering, and staying in primary school. In 2010, the coordination group advocated with the Ministry of Education (MENET) in support of the systematic integration of data collection on all programs targeting the holistic development of the 3-5 year olds. Despite these efforts, data provided by the Ministry of Education remains incomplete and excludes data on pre-school centres and community-based ECD structures. The regular data collection on nutrition and sanitation for 3-5 year olds remains incomplete, limiting the adoption of a comprehensive approach to ECD in Cote d'Ivoire.

Additional advocacy efforts will have to be directed at the Ministry of Education so that the Direction of Planning, Evaluation and Statistics (DPES) establishes an integrated statistical data collection system on ECD. UNICEF will continue advocate for the validation of the ECD policy and support its effective implementation.

IR 2250/A0/05/008/017 Un programme d'éducation parentale est développé et mis en œuvre dans les zones de convergence

**Progress:** A parental education program policy document was developed and validated in 2012. The dissemination and operationalization of the program at national and regional levels is underway as regional and local actors are being identified and trained. A total of 239 local animators/caretakers were trained on the parental education programme module in 2013. Despite these efforts, the lack of support by national authorities and development partners has severely limited the expansion of the program, along with lack of ownership of beneficiaries, notably local communities. Therefore, efforts will be geared toward the mobilization of resources to support sensitisation and information sessions for local stakeholders and communities. A cost effective approach will be taken, capitalizing on the existing state agents at local levels, including health workers, social workers and teachers, and by involving all relevant ministries.
PCR 2250/A0/05/016 D’ici 2015, au moins 200.000 enfants, notamment les filles et autres enfants vulnérables en âge scolaire des zones à faiblescolarisation et de retour accèdent à une éducation de base et bénéficient d’un apprentissage de qualité

Progress: The net enrolment rate increased from 55 per cent in 2006 (MICS) to 68 per cent in 2012 (DHS-MICS 2012) and reached 72.9 per cent in 2013, per Ministry annual routine data (DPES/MENET). The improvement of access to basic education is evident. That progress is the result of the Government’s efforts and the prioritization of basic education among partners. The extensive mobilization of additional resources, the softening of conditions for admission to grade 1 of primary education, and the progressive integration of community schools with the appropriate conditions in the education system have all had a positive impact.

The education of girls and the quality of education remain major concerns. The country registered a Gender Parity Index (GPI) of 0.91, an absolute difference of 7.1 (2013). The completion rate of primary school for girls increased from 41.1 per cent (2009) to 52.1 per cent (2013), which is below the national average (48.5 per cent in 2008 and 58.2 per cent in 2013). Girls still have a high repetition rate (up to 20.9 per cent in 2012).

The slow progress toward the programme’s objectives is partially explained by the post-election crisis, which seriously disrupted the functioning of the schools. It is also due to the insufficiency of accommodation facilities, the low inclusion of children with disabilities (about 2 per cent of schools) and meeting the specific needs of girls.

IR 2250/A0/05/016/001 Support EDDUCATION

Progress: Advocacy conducted with the Ministry of National Education by the Education Sector Group, which operates under the leadership of UNICEF, led to implementation of reforms, notably the integration of preschool classes into the new primary schools under construction thanks to the Emergency Presidential Program (PPU). Some 47 colleges are scheduled to be built during the 2013-2014 school year.

The reform relative to the exclusive recruitment of assistant primary school teachers was abandoned following a Government decision. The other five reforms are well underway, backed up by resources mobilized and the Government’s commitment to following the adoption of the Medium-Term Action Plan (PAMT) 2012-2014.

IR 2250/A0/05/016/002 Support EDDUCATION

Progress: The Rehabilitation of classrooms, construction of separate latrines for boys and girls, and distribution of school furniture equipment in the targeted schools in the West (Man, Guiglo, Duékoué), Centre (Bouaké) and North (Korhogo), allowed 100,800 primary schoolchildren to benefit from adequate environment and improved learning conditions.

That progress is the result of campaigns to mobilize communities around the education of children, supported by the free distribution of school kits and manuals to all pupils of public primary schools, and the commitment of the Government to the recruitment of more than 4,000 qualified teachers.

The high demand of education, stimulated by mobilization / sensitization campaigns for the mass registration of all children in school, especially girls, has not been matched by the provision of basic education. The lack of schools in rural areas has pushed communities to establish their own schools and to explore other options to ensure the basic education for their children is provided.

With the exception of the physical environment, socio-educational and pedagogical aspects are not yet included in the 150 targeted schools according to the child friendly-school model (EAE) in accordance with norms and standards defined by the Ministry of Education (MENET). The quality of education is still a challenge for the education system.

IR 2250/A0/05/016/003 OutPut - Support EDDUCATION

Progress: A large number of children and teachers at public primary schools received school supplies and educational materials through the kits and textbooks distribution program initiated by the Government in 2012, as a results of UNICEF education campaigns UNICEF during the five last years.

Delays in the distribution of kits and manuals mitigate the benefits of the operation.

Despite the effort of the Government and partners, the gap between girls and boys education still exists, due to the socio-cultural barriers and high additional education costs borne by households when girls are in school (uniforms, school fees, early marriage).
PC 2250/A0/05/017 60,000 enfants hors du système éducatif ont accès aux offres alternatives d'éducation de base reconnues et promues par le Ministère de l'Education Nationale

Progress: The access of children and adolescents to alternative educational opportunities has improved and diversified since 2009. This positive development is the result of the advocacy by UNICEF to progressively integrate community schools located in rural areas, or areas without official schools, and Islamic schools, in the official education system. The integration of those structures into the education system was accompanied by support from the Ministry of Education to reach the same pedagogical norms as the official primary schools, through training of teachers and provision of school kits to children and their teachers, with the support of UNICEF.

Despite those advances, the number of children and adolescents who are outside the formal system and do not yet have access to a range of non-formal education remains significant, estimated at approximately 1.2 million, according to the global Monitoring Report for Education For All published in 2012. This is due to the absence of a non-formal education policy providing bridges between formal education and non-formal training programs; the lack of funds to support literacy and other types of non formal education; the lack of standardized training curricula, with objectives clearly defined; and weak monitoring of non-formal education centers pedagogically, administratively and financially.

In response to those challenges, discussions are underway as part of the revision of the education and training sector to develop a vision for non-formal education in the overall context of the education system of Cote d’Ivoire.

IR 2250/A0/05/017/001 Le cadre institutionnel de promotion des offres alternatives d'éducation est adopté et mis en oeuvre d'ici 2013

Progress: Although actions have been taken at the policy level to promote alternative education opportunities within the education system, the institutional framework for coordination of Non-Formal Education has not been established.

From 2011 to 2013, 116 Islamic schools that registered 31,000 children were integrated into the formal education system. This represents a significant effort on behalf of the Government, up from only two Islamic schools recognized before 2011, and is largely the result of UNICEF’s advocacy with the Ministry of Education aimed at re-focusing on Islamic schools, given of the number of children enrolled in them.

A national committee now oversees all efforts to improve the quality of education offered in those educational facilities and mobilizes additional resources to support activities to improve the quality of education, including training of teachers and managers, providing schools supplies and textbooks and pedagogical supervision.

The Convention between the Ministry and Islamic schools has not yet been updated. However, a common management of Islamic religious education platform has been implemented by the Islamic community in order to prepare a new partnership framework with the Ministry of Education.

Community schools are included in the national statistics, but only some of them are integrated into the formal system.

In the context of accelerating of the literacy program in Cote d’Ivoire, the Ministry of Education developed a medium-term strategy for literacy for the period 2013-2015 with the support of UNESCO and UNICEF. That document is now a framework for interventions.

IR 2250/A0/05/017/002 30,000 enfants et adolescents ont accès à des opportunités alternatives d'éducation de base et 5,000 femmes bénéficient d'unealphabétisation fonctionnelle améliorée des zones de convergence

Progress: In line with the equity strategy, with UNICEF support, in 2013, 75,000 children were enrolled in community schools and 31,000 were enrolled in Islamic schools. That result demonstrates the effort undertaken by the Ministry of Education to diversify the offer of basic education for vulnerable children who are in zones without official schools.

Some 484 bridging classes and 882 Community Education Centres were opened by the Autonomous Service of Literacy in disadvantaged rural areas, which helped to provide basic education to more than 10,000 children.

Four hundred women in the convergence areas of the UNICEF programme benefited in 2012 from a functional literacy program in the regions of Bouna and Man, with technical and financial support from UNICEF for communities capacity building to better support early childhood care. Several other programs have been supported by the Education sector partners: UNDP under the project of school feeding sustainability, the World Bank, UNESCO, national and international NGOs. All these interventions have reached more than 14,000 women.

The literacy programme will be extended to 200 women in the region of San Pedro with the support of NGOs in early 2014. The lack of effective coordination of literacy activities supported by the Government, civil society and development partners does not allow for appreciation of the real contribution of literacy to support education of populations.

PC 3 - Child protection

On-track
Challenges remain in reducing violence. DHS indicates that 8.15 million children for 2012 target areas in 2013, 311,700 children are... compared to 2012. For 2012/2013, 2,594 cases of child victims were reported. Thanks to community awareness raising activities reporting and referral of 1,568 child victims of violence in 2013, which is a 32 per cent increase in the number of reported cases compared to 2012. For 2012/2013, 2,594 cases of child victims were reported. Thanks to community awareness raising activities in target areas in 2013, 311,700 children are likely to be living in a more protective family/community environment, bringing the total to 1.5 million children for 2012-2013.

Challenges remain in reducing violence. DHS indicates that 8 per cent of girls ages 15-17 and 13 per cent of girls ages 15-19 have been victims of sexual violence, and for physical violence, the percentages are 25 per cent and 31 per cent, respectively. Only 35 per cent of those victims sought assistance. Some 21 per cent of children younger than 12 are victims of severe corporal punishment/violence (MICS 2006).

**IR 2250/A0/05/009/001 TBD IR 3.1. Un système de surveillance et de collecte de données sur les violations de droits est opérationnel dans 16 départements, et soutient les actions de plaidoyer et la réponse programmatique.**

**Constrained**

**IR 2250/A0/05/009/016 D'ici à fin 2015, le nombre d'enfants victimes détectés et référés augmentent de 20 per cent via un système renforcé de détection et deréférence des cas**

**Progress:** Support to data collection in CP relies on two approaches. The first is based on local protection networks that address prevention of risks, monitoring, referral and care for child victims. Data collection relies on child protection community mechanisms linked to care services, through referral pathways, with NGO partners’ support. Those networks feed the reporting on child rights violations. In 2013, communities and professionals from 325 localities were supported. The extension of networks has increased steadily over the years, reaching 20 districts in 2011, 32 in 2012, and 45 in 2013, for a total of 42 per cent of districts, exceeding the initial target of 38 by the end of 2013. Between 2011 and 2013, the number of localities covered increased by 35 per cent, with 563 localities covered in 2012-2013, compared to 379 in 2011.

Twenty three GBV platforms were put in place. In 2013, 1,568 child victims of violence were reported and referred for care, among which 710 cases received UNICEF support. For 2012-2013, a total of 2,594 child victims were reported.

In parallel, developing routine IMS linked to social welfare services has slowly progressed. Setting the integrated IMS for the pivot social welfare sector, including CP, was constrained by breakdown of the accountability chain. UNICEF pursued its support to sub-IMS, integrating CP indicators into the GBV-IMS in the perspective of a protection-IMS, and the SOSTECI launch (monitoring child labour system), with UNFPA and ILO. Two studies were launched on the situation of children in contact with the law and on violence affecting students that would orient CP monitoring in security forces (justice, education) in other sectors that monitor unregistered children.

**On-track**

**IR 2250/A0/05/009/017 D'ici à fin 2015, le cadre institutionnel de mise en œuvre et de suivi des actions de protection de l’enfant est renforcé**

**Progress:** The Country Office pursued policy framework reform in 2013, though efforts were momentarily slowed down by changes in the Government in November 2012.

The National Plan of Action of the Child Protection National Policy is finalized and is aligned with the 2015 National Development Plan. The Plan of Action establishes priority actions and measures for 2014-2015 and consolidates CP sectors’ action plans of social welfare, justice, security, health and education government areas of responsibilities. The two documents were pending at years end official adoption by the Board of Ministries, along with other key national documents integrating CP (GBV, social protection). National mechanisms for coordinating and monitoring CP policy implementation have been designed but were not operational at year’s end at central and regional level.
There was progress in some sector components. The Ministry of Education put in place an internal coordination body to develop the Ministry’s policy for protecting child students against violence. A concept/strategic note was adopted, laying out the vision, role, goals, approach and priority measures (in particular to address violence against girls) to ensure schools as a protective environment for children against violence at school, in community and families, both in terms of prevention and detection/response, and fighting impunity. A code of conduct and professional duties was finalized, including mandatory reporting for staff misconduct against children, clear disciplinary sanctions and procedures, along with reporting to legal authorities for grave violations for judiciary condemnations. An official statement of the Ministry of Education affirmed zero tolerance for staff’s sexual violence against children. Child protection building services measures were integrated into the police component draft action plan for security sector reform (SSR).

**On-track**

**IR 2250/A0/05/009/018 D’ici à fin 2015, 80 per cent des enfants victimes de violations détectés accèdent a un continuum de services adaptés pour leurs besoinsspecifiques (medical,psychosocial et juridique)**

**Progress:** Mechanisms for detection and response to child victims of neglect, violence, abuse or exploitation improved with UNICEF support in target areas and also made progress at national level in 2013. Twenty three GBV platforms are operational as a result of strong collaboration between UNICEF, UNFPA and other UN agencies.

With UNICEF direct support, children’s access to protection services was strengthened through the extension of local protection networks:45 districts were covered in 2013 (50 per cent) representing 118 per cent of the planned target. It was also strengthened through capacity building among service providers (551) at ground level and community mobilization/training (2,472 community leaders and relays) for detection, reporting referral and care of child victims. In 2012-2013, the Country Office supported capacity building on CP of 3,126 professionals and 2,471 community relays. In 2013, community based mechanisms contributed to the detection and referral of 710 child victims of neglect/violence/abuse, 49 per cent of which were cases of sexual violence. A total of 1,736 child victims were detected and referred for care in targeted areas covered by local protection networks supported by UNICEF in 2012-2013.

The response care rate increased in 2013, including psychosocial care and support (PSS) 96 per cent (84 per cent in 2012), 71 per cent medical care (41 per cent in 2012), and 50 per cent legal assistance (26 per cent in 2012).

The medical care rate for child victims of sexual violence is only 84 per cent and needs to improve. In areas affected by the conflict, 44,000 children continued to benefit from PSS 1st level.

A national document standardizing the CP system at service delivery level across sectors was developed and validated. It provides clear operational guidelines, procedures and tools for all sector services linked to each other for the prevention, detection, reporting, and continuum of care for child victims and local coordination mechanisms (CP platforms). Regulation development and dissemination of those guidelines in 2014 will improve quality of services for children in need of special protection across the country.

**On-track**

**IR 2250/A0/05/009/019 IR 4 Justice pour enfant ts ayant besoin de protection legale bénéficient d’un meilleur accés et traitement dusysteme de justice**

**Progress:** The Government officially engaged in the justice and security sector reforms in 2013, and the policy justice sector reform document and action plan was adopted by the Board of Ministries. A situation analysis of children in contact with the security and justice system was undertaken, and the department in charge of child justice (DPJEJ) developed a three-year strategic plan with joint support of the European Union, France, UNOCI and UNICEF. This strategic plan establishes priority measures to be taken by 2015. In parallel, key actions were developed with UNICEF support to improve, both in the short and long term, children and families’ access to justice.

Following an 18-month long process, national police and gendarmerie forces training institutes integrated a mandatory competency based training programme on child protection in their initial training curricula, with 35 trainers trained and the first courses launched in 2013. Other training modules (basic training and specialized training) were developed by the institutes and a pool of 34 trainers was put in place to support 2014-2015 competency based trainings for security forces already on the field. Six legal aid clinics covering 150 localities were put in place through a joint EU-UNICEF-UNOCI-UNDP project, facilitating access to information and demand for justice, individual counselling, and judicial assistance. Some 3,000 individuals requested and were provided personal counselling, 40 per cent of which were cases related to child rights, in particular birth civil registration, and 20,000 people were reached through outreach and communication activities on the ground.

The County Office also strengthened the capacity of decentralised regional inspection authorities responsible for law implementaion and security forces in the Bas Sassandra by equipping the target number of beneficiaries with enhanced knowledge on CP.

**On-track**

**IR 2250/A0/05/009/020 D’ici décembre 2015, le taux d’enregistrement des naissances à l’etat civil augmente de 5 per cent dans les 6 districts cibles (Bouaké,Korhogo, Bondoukou,Man,San Pedro et Odienné)**

**Progress:** Birth registration promotion and access to identity remain a priority for the Government, as it contributes to work for peace and consolidation, especially given the context where identity issues were some of the factors of the past crises.
Birth registration (BR) rate was increased by 65 per cent in 2012, as compared to 55 per cent in 2006, but still did not reach the pre-crisis 2000 level (72 per cent). As a result of UNICEF’s joint advocacy with UNHCR, the Government enacted the law for 2013-15 extending the 2011 special regime for registering undeclared birth and death that occurred during the crisis (2002-2011) in specific areas.

In coordination with UNHCR and UNFPA, UNICEF provided support to the Government’s Peace Building Priority Plan and National Development Plan (NDP), targeting birth registration (BR) promotion and civil registry system reform. At the local level, in target areas, 93,000 children were registered. Outreach communication campaigns in 212 localities in 30 districts reached 78,000 people, informing them on the importance of BR, rights and procedures, and mobilizing communities for timely birth registration mechanism set up (1,872 community leaders relays engaged). Additionally, civil registry services were reinforced with equipment such as registries, in 139 civil registry centres that would support 300,000 birth declarations, and training was provided for 841 civil registry agents. At the national level, the feasibility study for civil registry system reform was launched, and a pilot project for BR through mobile phones was developed in partnership with the mobile service provider Orange.

Upcoming results from both the study and pilot will orient decision makers and mobilize donors for system-wide reform. Notwithstanding implementation delays, a plan of intervention, including communication campaign and support measures, was finalized with the Ministry to undertake a special campaign to be launched in 2014 for registration of undeclared children born during the crisis who would benefit to at least 600,000 children. Setting up a national monitoring system of civil registry services will be a priority in 2014, given the lack of progress in the area in 2013.

**IR 2250/A0/05/009/021 D’ici fin 2015 dans les zones d’intervention prioritaire, les communautés et les acteurs de protection de l’enfant acquièrent des compétences pour une opinion publique et des pratiques familiales et communautaires favorables à la protection de l’enfant.**

**Progress:** Communication for social norms and behaviour changes is a key axis for preventing violence and abuse against children. Community awareness raising and mobilization for improved community-based CP is a key component of the programme.

At the local level in 2013, with UNICEF support, in partnership with NGOs, community based mechanisms were strengthened in 325 localities. Following up on outreach activities benefiting 122,240 households, nearly 311,700 children now live within an environment that is better informed of the best ways to prevent and respond to violence and abuse against children. A total of 115,620 children, including 25,640 students, were informed on CP risks and how to better manage them. In total, for 2012-2013, approximately 1,520,422 children are more likely to live in a more protective family and community based environment sensitized to better CP.

The Ministry of Family, Woman, and Child (MSFFE) is committed, with UNICEF support, to improve quality outreach social work for social norms and behaviour change in CP mainstreamed in routine social welfare centre activities. The social work methodology for strengthening community based child protection mechanisms and linking with formal protection services piloted in 2012 was covered by an external evaluation whose results will orient the development of a national programme for CP outreach social work in communities mainstreamed in social welfare structures in cooperation with NGOs, for national scaling up.

Progress will be needed with regard to developing and providing social workers and media with C4D supports on specific CP issues of concern. The development of a national communication plan on child labour to be piloted by the first lady could not be carried out.

**PC 4 - HIV/AIDS and adolescents**

**On-track**

**PCR 2250/A0/05/010 Les enfants, les femmes, les adolescents et les jeunes les plus vulnérables ont accès à l’offre de service de prévention et dépistage et ont leurs droits respectés**

**Progress:** Overall, there was good progress in HIV and AIDS prevention in 2013. In terms of behavioural change interventions, which have proven effective in reducing the risk of acquiring or transmitting HIV, more than 500,000 adolescents were provided with information and life skills. The DHS/MICS 2011-2012 shows that there was significant progress in adolescents acquiring comprehensive knowledge and in service delivery for VCCT, care and treatment. Ensuring adolescents and women have the information, motivation, and skills necessary to reduce their risk is important. The number of adolescents and youth ages 15-24 years who are aware of the means of prevention increased from 27 per cent to 58 per cent, and testing, which is critical in preventing the spread of HIV, increased from 7.6 per cent to 25.3 per cent in the past five years. Those with HIV status were linked imperatively to care and prevention services. PMTCT was provided to 58 per cent of pregnant women in the intervention areas and 42 per cent of them were provided ART in 2013. At the national level, the percentage of women benefitting from PMTCT increased from 9 per cent to 48 per cent in the five past years.

DHS-MICS 2011-2012 shows that the prevalence of HIV in 15-49 year olds dropped from 4.7 per cent in 2005 to 3.7 per cent in 2012. About half of the population recognises that prevention of mother-to-child transmission can prevent vertical transmission, and are also aware that correct use of condoms is an effective preventive measure against HIV infection (60 per cent of women and 80 per cent of men). Unfortunately, this knowledge of HIV/AIDS is not always accompanied with real change in behaviour, and there are important disparities in knowledge and behaviours, particularly among adolescents. Care and support provided to orphans and vulnerable children (OVCs) increased from 120,000 to 137,000 beneficiaries thanks to collaborative efforts with PEPFAR and the GFAMT.

In 2013, in the intervention areas. UNICEF provided information on HIV/AIDS and life skills education on sexual and reproductive health
to 573,957 adolescents and young people between the ages of 10 and 24. Among them, 97,957 were tested for HIV (17 per cent) and benefited from voluntary confidential counselling, and 1,922 (1,181 boys and 741 girls) HIV positive cases were provided with treatment. More girls (1,276, or 63 per cent) were tested for STIs than boys (761 or 37 per cent).

Care and support services were provided to 7,384 OVCs. During the last five years of the Cooperation Programme 2009-2013, the number of OVCs who received the services increased from 120,000 to 137,000 nationwide, with support from PEPFAR and GFAMT, which are the biggest partners of the Government and UNICEF.

UNICEF supported development of a National Plan for prevention of HIV/AIDS among out-of-school young people and assisted in leveraging the funds for its implementation through the national budget of FCFA125 million (US$250,000) per year for three years. The operational plan was elaborated at a decentralised level, to scale up interventions and increase access to services for adolescents and young people.

The Country Office supported the national programme for care and support of OVC to leverage resources, and FCFA250 million (US$500,000) was mobilized through the national budget. Fifteen platforms of OVC were created, bringing the total number of platforms to 47.

The Country Office increased HIV/AIDS funding from US$1,235,452 in 2012 to US$2,879,947 in 2013 thanks to partnership with the GFAMT for Round 9. UNICEF is sub-recipient of Alliances Cote d’Ivoire and was funded at US$840,000 in 2013 for Phase 1. Phase 2 intervention plans are being prepared for a total of €80 million or Cote d’Ivoire, and UNICEF will continue to implement community interventions through the GFAMT support in 2014-2015.

Coordination mechanisms at national, regional and district levels were supported for regular analysis of programme results. Governors of regions and districts played particularly important roles in mobilizing women for PMTCT in the zones of UNICEF’s intervention, especially in Man, Odiéné and Bondoukou. This experience will be extended to other priority areas in 2014.

To provide a comprehensive package of services for care and support to at least 50 per cent of people living with HIV and AIDS including women, children and adolescents (IR1), UNICEF Cote d’Ivoire put emphasis on optimizing the delivery of simplified ARV prophylaxis and treatment for pregnant women and mothers living with HIV by strengthening the capacity of primary health care system to provide quality PMTCT/MNCH services. The Country Office supported the joint plans between district health departments and a number of NGOs to increase the demand, uptake and timely utilization of PMTCT/MNCH services for HIV positive pregnant women, mothers and children along the continuum of care in 170 health centres, providing services to 117,550 pregnant women. Among those women, 106,199 (90 per cent) were provided with ANC1, 101,324 (95 per cent) were tested for HIV and 2,099 (2 per cent) were found to be HIV positive. A total of 1,138 (56 per cent) were provided ARV prophylaxis and 402 (35 per cent) are under ARV treatment. The total number of pregnant women receiving ARV for PMTCT is 1,540, bringing the coverage to 43.5 per cent (against 3,548 estimated number of HIV positive pregnant women) in UNICEF’s areas of intervention, compared to 38 per cent at the national level.

Further efforts should be made in 2014-2015 to reach 90 per cent of pregnant women under ARV so that the number of new infections can be reduced by 50 per cent. Despite the good work of NGOs at the community level, a review of strategies is needed and health district services should be strengthened to sustain PMTCT interventions, increase the retention and decrease the drop-out of pregnant women from the treatment. Priority should be given to the transition from ARV option B to option B+ and the changing task. Efforts should be made in the health sector and community strengthening and advocacy for real decentralization focusing on the health district-approach-based interventions, the implication of men and adolescents in scaling up uptake of PMTCT/MNCH, increasing early infant diagnosis, and improving collection and data analysis to ensure timely and informed decision making and to improve program implementation.
adolescents and young people living with identified receive treatment and care and 100 per cent of adolescents and young people identified receive treatment and care for IST and SGBV

**Progress:** By the end of 2013, 70 per cent of the most vulnerable adolescents and young people 10-24 years old in the areas of interventions gained access to knowledge and services, and developed life skills. According to DHS-MICS 2011-2012, at a national level, 20 per cent of adolescents and young people have solid knowledge of AIDS and 23.1 per cent of them were tested for HIV and received the result. In the UNICEF intervention areas, 573,054 adolescents and young people were reached with information and life skills education on HIV/AIDS, STIs and reproductive health (62 per cent of the target population), and 97,957 of them were tested for HIV (17 per cent of the target.) These results are attributed to strong partnerships among UNICEF, Alliances Cote d'Ivoire and GFAMT, which financed activities of prevention, care and support at the community level in the two zones of Bondoukou and Odiéné. With the GFAMT contribution of US$480,000, 224,961 adolescents and young people nationwide were provided with knowledge and skills on HIV/AIDS, STI and reproductive health. Peer education activities were also conducted and reached 30,000 people during basketball tournaments, Afrobasket, in partnership with UNAIDS and UNFPA, and 1,700 people were tested for HIV at mobile clinics.

The Country Office provided technical and financial support to develop national strategic and operational plans for HIV prevention and reproductive health, targeting out-of-school adolescents and young people at regional and district levels in Bondoukou, Bouna and Bouake, with the aim of reaching hard-to-reach adolescents in remote and urban areas. Support was also provided for the Regional Direction of Education in the same regions. With support from UNICEF, UNAIDS and UNFPA, platforms of youth and children associations advocated to the Ministry of Education for more efforts on HIV and sexual violence at schools, which resulted in the development of a code of conduct for educational personnel. Bottlenecks remain regarding frequent stock-out of HIV testing kits at health centres, insufficient task shifting, strong stigma and discrimination in communities, and age limitation of adolescents (10-14 years) by law to do voluntary testing. Evidence-based information was generated by secondary analysis of DHS-MICS 2011-2012, comparing the vulnerabilities of adolescents between 2005 and 2013, which will be helpful in supporting evidence based advocacy in 2014.

**IR 2250/A0/05/010/003 Output 3.1 : Policy Development, community and Health System Strengthening and Capacity Building --** Relevant policies are developed, community and health system and interventions of HIV/AIDS are coordinated for the optimal utilization of resources and to ensure equity in service provision

**Progress:** Efforts were made to support coordination and collaboration between health and community services working on HIV/AIDS and in integrating HIV/AIDS with MNCH for an optimal utilization of resources. The Country Office contributed also to the development, implementation, monitoring and evaluation of national plans and strategies integrating equity and vulnerability analysis. To strengthen monitoring and evaluation for timely decision-making to improve health service delivery for HIV positive pregnant mothers and their children, the Country Office supported coordination mechanisms at the regional and district levels in facilitating regular meetings and workshops aiming to report and analyse data. Training of pharmacists of health district pharmacies was organized to ensure the timely order and delivery of simplified ARV prophylaxis, the result. In the district of Bouake, it was possible to intervene on B to B+. Participation in meetings with Country Coordination Mechanisms, GFAMT, PEPFAR, JUNTA, and conferences and planning workshops with partners, were opportunities for advocacy, leveraging resources and developing sensitive strategies for women, adolescents and children. Technical support was provided to national strategic planning, including review of CDMT, the National Plan for Health Development, and development of regional and district plans both for out-of-school adolescents and adolescents in schools and health district micro-planning, which contributed to influencing results targeting women and children, including adolescents. Support provided in national reporting (Stocktaking report, UNGASS, AU) provided an opportunity to analyse national and regional data. An internal retreat held at Bouake enabled harmonization of the Country Office work with regional counterparts in the area of HIV/AIDS and strengthened the collaboration with UNAIDS to push the national and regional coordination agenda. The technical and financial support to develop a strategic plan of HIV/AIDS for young people out of school resulted in mobilizing FCFA125 million from the national budget and enabled its operationalization in regions and districts of UNICEF’s intervention.

The main bottlenecks remaining they are: coordination of HIV/AIDS committees; centralisation of the Ministry of Health hampering operationalization of regional and district health; lack of communication between NGOs and public health authorities due to weak coordination; and lack of clear lines of accountability and reporting between the regional and national levels for HIV/AIDS. Those bottlenecks are risks for sustainability of projects and results. Advocacy for setting up financial modalities at a decentralized level for activity planning and implementation remains a priority for 2014. Thanks to good collaboration with NGOs, UNICEF contributed to supporting the technical working groups for health and HIV/AIDS, involved all sectoral local authorities, and is able to share this experience to other regions and districts.
provide quality PMTCT/MNCH services. The Country Office supported the joint plans between district health departments and a number of NGOs to increase the demand, uptake and timely utilization of PMTCT/MNCH services for HIV positive pregnant women, mothers and children along the continuum of care in 170 health centres, providing services to 117,550 pregnant women. Among those women, 106,199 (90 per cent) were provided with ANC1, 101,324 (95 per cent) were tested for HIV and 2,099 (2 per cent) were found to be HIV positive. A total of 1,138 (56 per cent) were provided ARV prophylaxis and 402 (35 per cent) are under ARV treatment. The total number of pregnant women receiving ARV for PMTCT is 1,540, bringing the coverage to 43.5 per cent (against 3,548 estimated number of HIV positive pregnant women) in UNICEF’s areas of intervention, compared to 38 per cent at the national level.

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IR 2250/A0/05/010/006 Les interventions des acteurs de lutte contre le Sida (PTF, Gouvernement et ONGs...) sont coordonnées pour une utilisation optimale des ressources, une mise en œuvre des interventions et un suivi-évaluation des normes, politiques et stratégies intégrant l’équité

IR 2250/A0/05/010/007 Les interventions des acteurs de lutte contre le Sida (PTF, Gouvernement et ONGs...) sont coordonnées pour une utilisation optimale des ressources, une mise en œuvre des interventions et un suivi-évaluation des normes, politiques et stratégies intégrant l’équité

IR 2250/A0/05/010/008 Les interventions des acteurs de lutte contre le Sida (PTF, Gouvernement et ONGs...) sont coordonnées pour une utilisation optimale des ressources, une mise en œuvre des interventions et un suivi-évaluation des normes, politiques et stratégies intégrant l’équité

IR 2250/A0/05/010/009 Les interventions des acteurs de lutte contre le Sida (PTF, Gouvernement et ONGs...) sont coordonnées pour une utilisation optimale des ressources, une mise en œuvre des interventions et un suivi-évaluation des normes, politiques et stratégies intégrant l’équité

IR 2250/A0/05/010/010 Output 2.1 : TREATMENT, CARE AND SUPPORT FOR WOMEN AND CHILDREN 90 per cent pregnant women living HIV have commodities and services to protect their babies from HIV transmission 80 per cent of babies infected by HIV have access to antiretroviral therapy (ART)

IR 2250/A0/05/010/011 Output 1.1 PREVENTION AND COMMUNICATION FOR BEHAVIOU CHANGE 70 per cent of the most vulnerable adolescents, young people and families have access to correct information and skills on HIV an HIV and IST prevention

PC 5 - Social policies, monitoring and evaluation

- On-track

PCR 2250/A0/05/011 60,000 enfants hors du système éducatif ont accès aux offres alternatives d’éducation de base reconnues et promues par le Ministère de l'Éducation Nationale

Progress: A national strategy for social protection was elaborated for five areas of intervention: improved living standards for the poorest; improved access to basic social services; increased investment in human capital; reinforced social action against violence, abuse, exploitation and exclusion; and progressive achievement of a higher level of social protection. The strategy is based on the principle of social protection floor, defined as the first level of social protection in a national social protection system.

- Constrained

IR 2250/A0/05/011/001 Les analyses et les évidences produites sont utilisées comme des outils de plaidoyer efficaces pour promouvoir et influencer le dialogue politique et les actions dans les secteurs clés de la réalisation des droits des enfants

Progress: UNICEF placed particular emphasis on social protection for the development of a social policy in 2013. The national strategy on social protection document, developed in 2012, was validated by sectoral Ministries, and an action plan for its operationalization was developed. The Country Office contributed to strengthening national capacities on Social Protection through training of high level officers of sectoral Ministries on social protection. As result, sectoral interventions as income-generating activities for young people through labour intensive work (THIMO) scaled up in a national initiative (PEJEDEC) and the national school canteen programme is becoming increasingly integrated in the comprehensive social protection strategy.

In partnership with UNDP, the Country Office contributed to building the capacity of Parliamentarians, civil society, and media professionals in Pro-Poor and Child friendly budget analysis. The exercise aimed to enable national actors to make their own budget analysis to increase ownership of the results emanating from the analysis. The budget analysis will be conducted with data on the national budget of 2012 and 2013 (both in declaration of intent and execution) and 2014 (for planned amount for social sectors).
IR 2250/A0/05/011/002 Les processus de planification national et local sont renforcés et le programme de coopération est planifié et coordonné de façonn efficace et efficiente

**Progress:** By N 0165/MEMPD/CAB/2012 of 16 April 2012, the Government, via the Ministry of State, Ministry of Planning and Development (MEMPD), consented to the extension of the UNDAF until 31 December 2015. The UNDAF document subsequently was revised and adopted by the Government on 2 April 2013. This change intends primarily to meet the need for aligning the programming cycles of UN to the main Government Programme Document (PND 2012-2015), in line with the Paris Declaration. UNICEF Cote d’Ivoire programme extension documents were prepared and submitted to OSEB and were adopted in September 2013.

The preparation of the new Country Programme 2016-2020 is underway, with situation analysis (SITAN) kicking off the process. The national coordination team has been put in place under the leadership of the MEMPD, and the outline of the document and a list of additional studies to fill knowledge gaps have been adopted by the committee. There is a consensus on the use of the life cycle approach. Several documents of sectoral desk review have been prepared to serve as a reference to better focus on the SITAN analysis. UNICEF is conducting the conflict analysis dimension of the SITAN in partnership with Save the Children. A draft report is under review.

The first quarter of 2014 will be dedicated to the finalisation of SITAN, including sectoral meetings for further analysis where necessary. The SMR will follow immediately.

IR 2250/A0/05/011/003 Des donnees de qualite sur les enfants et les femmes sont generes et, avec le suivi et evaluation des activites, fournissent une base de connaissance solide pour l'analyse de la situation des enfants et des femmes et pour l'évaluation des performances du programme

**Progress:** The Demographic and Health Survey (MICS-DHS 2012-13), which updated almost 80 per cent of the indicators on the situation of women and children, provided a clearer picture on the current situation and enabled up-to-date assessment on the impact of the post-electoral crisis, was completed and disseminated. An assessment on the achievements on reaching the MDGs by 2015 was conducted. The national follow up report on the Convention on the Rights of the Child has been updated and is awaiting validation, as is the Country Common report on Multiple Overlapping Deprivation (CC-MODA) Analysis report, which was developed using DHS data.

Routine information systems for health and education are now standardized in terms of annual data production that contribute to enhanced programme planning and results assessment processes. UNICEF has led strategic partnership in this process. The routine systems and special surveys have generated more disaggregated data on key equity drivers (region, gender, economic level), which has made possible more analysis based on equity.

**PC 6 - Cross-sectoral costs**

PCR 2250/A0/05/013 60,000 enfants hors du système éducatif ont accès aux offres alternatives d'éducation de base reconnues et promues par le Ministère de l'Éducation Nationale

**On-track**

IR 2250/A0/05/013/001 D'ici à 2013, 35 per cent des communautés des zones les plus défavorisées exposés aux différents messages sur la survie de la mère et de l'enfant, l'éducation, la protection et la prévention du VIH, ont les connaissances, les attitudes et les capacités de les traduire en action pour la survie et le développement de l'enfant (fille et garçon) et à la santé de la mère

**Progress:** C4D interventions focused on advocacy and partnerships, research and national capacity building, community mobilization and participation, and the production of communication materials.

The existing partnerships between UNICEF and national networks, namely the national Union of Community radios (URPCI) and the National Institute of Sciences and Techniques of Communications (ISTC) were reinforced. In collaboration with URPCI, 70 community radios were involved in the promotion of the family practices through radio spots and micro programmes on child survival, protection, education and HIV/AIDS. The partnership with ISTC supported carrying out 14 end-of-cycle dissertations on child survival and development. The findings served as the basis for drafting strategies for the implementation of four small scale projects to promote eight essential family practices. The projects, implemented by two local NGOs, reached 13,489 households in Abidjan. An evaluation was conducted in four localities aimed at assessing households’ perception and practices on essential family practices.

C4D and InfoCom advocated for partnership with the Directorate of the national TV and Radio. This resulted in a 60 per cent reduction of broadcasting costs for UNICEF. Together with the Protection section, C4D contributed to the advocacy for the drafting of the national Child Protection Policy.

Capacity building training in participatory communication and community mobilisation benefited a total of 546 local partners.

The C4D interventions implemented during the past two years aimed at social and behavioural change for child survival and development contributed to national results and progress as reported in the DHS-MICS 2011-2012 survey regarding the use of ITNs, vaccination, promotion of hand washing, correct care and treatment of diarrhoea, exclusive breastfeeding for children under 6 months, and birth registration.
UNICEF activities are visible through quality support provided to programme implementation and Internal Communication activities. A responsive advocacy and partnership mechanism for children rights is in place and used.

**Progress:** Given the continued difficult environment for development aid funding, the focus was placed on ensuring that the contribution of the main donors is highlighted through communication and advocacy material. Communication material was developed to stress the importance of investing in children and to equip donor governments to report to their constituency on the impact of development aid for vulnerable children. In 2013, visibility was ensured for contributions from the European Commission, Japan and France. Those campaigns supported the Office-wide efforts to mobilize adequate resources to implement the country programme.

The Country Office adapted the EndViolence campaign through an existing partnership with community radios. Public service announcements were developed for radio and recorded by children and broadcast on 70 community radios across the country. In two of the targeted communities, a rapid evaluation concluded that over 80 per cent of the population had listened to one or more of the radio messages, which contributed to raising awareness in the population on the issue of violence against children.

The partnership with the local press was strengthened. An agreement was signed with the national state television (RTI) resulting in a reduction of 60 per cent in air time fees for public service announcements and to increase coverage of the situations affecting children in Côte d’Ivoire. Information sessions were conducted with journalists in the regions to increase their knowledge on child rights and a field mission was organized with nine national news outlets to better inform the press on the work carried out by UNICEF for the population. This resulted in extensive positive coverage in those outlets about UNICEF’s contribution to development and contributed to raising awareness on some of the bottlenecks faced to provide assistance to children.

The Country Office contributed to global campaigns on FGM, HIV/AIDS and birth registration to illustrate global issues with country specific cases and to contribute to raising awareness internationally on the situation of women and children in Côte d’Ivoire.

UNICEF worked in collaboration with other UN agencies as an active member of the UN Communication Group to streamline communication on thematic issues.

**Progress: The upgrading of the general architecture of the overall ICT system within UNICEF and the adoption of VISION (SAP, IPSAS) represented a great challenge in 2013.**

ICT achievements included an increase in the bandwidth of the line connection from 01 Mbits to 02 Mbits, which allowed significant improvement in speed and connectivity. The system capacity was also increased to allow effective implementation of Microsoft DPM as system backup and restoring of tools. The updating and extension of network cabling was in progress to improve the Local Network performance. Once finalized, this improved network will enable the use of innovative applications such as IP telephony and video conferencing in the country office.

The quality of the infrastructure and security of the system were improved. All the servers were virtualized and migrated to Windows Server 2008 without disrupting the functionality of the existing system. To ensure Business Continuity, all three operational Business Continuity Plan (BCP) sites were maintained with wireless bridge link to the main Office, and regular assessments showed that it worked well.

The VoIP service was launched and enabled in the Country Office for all telephones, which has significantly reduced the communications costs.

UNICEF also actively participated in the inter-agency Emergency Telecommunications Cluster (ETC) project, to provide better service coverage of the VHF and HF.

**Progress:** The implementation of VISION has been cumbersome and the Office has been unable to update its Table of Authority.

Of numerous challenges VISION introduced, one is the error in the ‘Zrole’ function which continues to display expired roles assigned through VISA OIC assignments, creating unnecessary violation. Nonetheless, the office maintained the internal controls mechanism on the basis of the previous ACAP principle - Approving, Authorizing, Certifying, Paying Officer, PO Releasing L2, Releasing Officer L3, PO
Releasing L4, Programme L2, Receiving functions. Several training sessions were organised on using VISION throughout the year, with clear emphasis on the principles of segregation of duties to ensure full understanding of each staff member’s role in financial management and accountability.

The Budget forecast for the year was prepared based on the input received from the sections resulting in the notable performance in banking optimization. Monthly utilization and requirement for both cross-sectoral and support budgets were prepared for forecasting purposes.

In 2012, the CMT discussed all areas embracing overall management aspects such as, budget control and financial procedures, bank reconciliations, accounting and liquidation of cash assistance. Owing to the new system, the finance section encountered a lot of difficulties in the submission of bank reconciliation statements. However, a cumulative report covering February through November has been prepared and uploaded in SAP. Other financial reports were timely submitted and uploaded in SAP.

The DCT remained an on-going issue, which was addressed in the CMT, PMT, and bilaterally between the Deputy Representative and the Chief of Sections.

In terms of cost savings, the office revised the telephone subsidies, and the backlog of telephone bills were cleared, as a result achieving cost saving of US $37,000.

As of December 2012, the Office utilized 91 per cent of all resources allocated to the year 2012, and US$ 8.2 million OR funds were rephrased for utilisation in 2013. Moreover, we achieved a Work Plan implementation rate of US$ 27 million, which represents 66 per cent of the planned amount in the Work Plan.

**IR 2250/A0/05/800/003 Effective and efficient management of human capacity**

**Progress:** In consultation with the Regional Office WCARO, during the first quarter of 2012, the government and UNICEF have conducted a mid-term review of the UNICEF programme of cooperation and a Country Programme Management Plan (CPMP) exercise took place between May and September 2012 whereby it was proposed to abolish some of the emergency related posts due to the gradual return to political normalization and reduction in humanitarian needs and emergency funding for the office.

Delays in completing the PERs were observed this year, mainly due to the shift to the new approach of performance evaluations involving clear connections between results, objectives and measurable indicators. There were also some issues raised between staff members and their supervisors regarding the new management performance cycle despite training and briefing sessions held in early 2012. Performance evaluation reports discussions were impaired accordingly.

Forty staff members were trained on Competency-based Interview skills in May 2012 to address the gap in complying with recruitment requirements. Gaps in VISION were also addressed through training and several sessions were organized to assist staff at all levels. The VISION supers users provided continuing assistance to all the users in the office, and provided training to staff in the field offices in February and May 2012. Some staff also undertook training exercise on Enterprise Risk Management (ERM) in November 2012. Programme staff underwent an education training session on Peace Building in August 2012.

It was assessed that staff members are well aware of Counselling Resources available locally through local PSVs from UNICEF and other agencies supervised by a stress Counsellor appointed for the UN Agencies. There was a survey on stress conducted from February through May 2012 and a support mission of the Stress Counsellor was conducted in the zone office of Man in July 2012.

The Office commitment to UN Cares was demonstrated in the activities implemented, which were mainly focused on sensitizations bulletins on different issues related to HIV/AIDS, a presentation on Prevention Mother-to-Child Transmission of HIV/AIDS, and distribution of condoms.

The major areas of concern highlighted by the Global Staff Survey were reflected in the Staff Association Work Plan, and were addressed during the retreat held in June 2012. A monitoring plan was set up by members to ensure that assigned outputs and results are achieved as planned.

The recruitment of 6 staff on FT and TA positions (IP + NO) were completed in 2012. The office strived to maintain gender balance (currently 38 per cent female / 62 per cent male) as well as geographic diversity. For the Côte d'Ivoire office, the challenge remains in attracting highly qualified candidates as the working condition remains difficult – Côte d'Ivoire is a non-family duty station for the IPs and the candidates need to meet the language requirement of knowing both French and English.

The issue of moving the Office to a more convenient location and premises is still pending.
Effective Governance Structure

The Country Office has an updated Table of Authority (ToA) and all requisite staff signed the delegation of authority form. All statutory committees are established and meet as per the required guidelines.

The Programme Coordination team held regular meetings throughout 2013 and minutes were shared on a timely basis with all staff. Efforts were made in the last three months of 2013 to regularise the meetings of the Country Management Team (CMT), the operations team and the Joint Consultative Committee; minutes were shared with all staff. A systematic process of following up on actions at all meetings was instituted over the last three months. A review of the status of implementation of actions of prior meetings is now a standing item in the agenda for team, management and staff meetings. Performance indicators to be monitored at each CMT meeting were revised and individual responsibility for reporting on those indicators was assigned. All the applicable staff submitted their financial disclosures to the Ethics office in 2013.

An internal audit was held for the Country Office in October 2013, and the work plan to address the audit recommendations has been finalized, with some actions already underway.

Strategic Risk Management

The Country Office conducted a review of its risks, and established a risk and control library in November 2012. Mitigation measures were instituted for most of the risks identified and the Office will conduct another review of its risk library in early 2014 to ensure that the activities and processes are risk informed. The Office applies existing policies and ensures that the risks and attendant controls to mitigate the risks are communicated. Decisions are then taken in light of the information provided, taking into consideration UNICEF’s rules and regulations.

Following the Harmonised Approach to Cash Transfer (HACT) Evaluation Report, evaluation assessment guidelines was developed to ensure timely and effective control, as well as capacity building of counterparts. With the introduction of the HACT pending, the WASH Unit elaborated a first risk assurance plan to appropriately manage the risks that different partnerships imply for UNICEF.

Evaluation

The Country Office undertook one evaluation in 2012 after a nationwide measles immunization campaign. This evaluation was not included in the IMEP, but it provided an opportunity to learn about national capacities to implement an African expert’s consensus on the way to organize a measles immunization campaign. It was also an example of a country-led evaluation. Despite the main funding coming from UNICEF and WHO, steering committee led by the Ministry of Health supervised all activities of the evaluation including the selection of a local firm to conduct the evaluation. The evaluation was cited as highly satisfactory by UNICEF peer review process, yet a management response was not prepared. Efforts will be made in the future to ensure that a management response is provided to all evaluations.

An independent assessment of ongoing activities and strategies in the zones of the HIV programme project implementation was conducted to determine the extent of the annual results in the zones funded by the GFAMT. The results achieved and community-based strategies involving local authorities and creating synergies around the Governors of regions and departments contributed to decision-making in the continuous collaboration for phase 2 of Round 9.

Effective Use of Information and Communication Technology
To ensure that staff have access to ICT resources at all times, the Country Office invested in ICT equipment and in a secure and stable fibre-optic internet connection for its main link. As a result, the IT outage experienced in the last five months was less than one second. Most staff are equipped with laptops, which enables easy mobility and affordable access to different applications. Deployment of Lotus Inter-Notes service to all staff, CITRIX and Cisco any connect, and provision of internet sticks to designated essential staff facilitate easy anywhere access to ICT resources, including VISION and Lotus Notes. Secured wireless networks were installed in the field offices to allow staff and official visitors’ access to the network as required.

Sensitization is ongoing to encourage the use of Skype as an alternate means of communication, including creating awareness on how to manage the risks associated with the use of Skype. The Office intends to put Skype and other applications on its back-up link while VISION and Lotus notes will be placed on its primary link. This is expected to increase the connection speed and turn-around time in the processing transactions.

UNICEF Cote d’Ivoire ICT staff participated in a study with other UN agencies on having a unified country level telecommunication network. This business case has been approved by the United Nations Country Team (UNCT) and is expected to result in significant savings and intangible benefits for UNICEF, such as improved sharing of information and expertise, reduced parallel systems and enhanced business continuity within the UN agencies through sharing of resources. This project is expected to commence in 2014.

The Country Office will review its Business Continuity Plan (BCP) and architecture in early 2014 with an emphasis on having staff connect from several locations through Cisco-bridge networks rather than having one site to work from. This will provide flexibility and also allow the Office to rapidly respond to emerging situations.

**Fund-raising and Donor Relations**

In 2013, due to a general shift in donor interest as the emergency phase was stabilised, UNICEF Cote d’Ivoire Country Office mobilized a total of US$26.7 million (against the planned amount of US$76 million). This included US$ 9.8 million in RR, US$16.8 million in OR-R. US$5 million was raised in OR-E for multi-sectoral humanitarian activities. The low level of funding as compared to the planned amount is due to the revision of the ceiling.

The Office utilized 95 per cent of all resources allocated to the year 2013, with Work Plan implementation of US$29.7 million. US$ 29.7 million OR funds were re-phased for utilisation in 2014.

A high quality of donor reports was maintained, and the timeliness in reporting was also maintained, but can be further improved. Thirty six out of 41 reports (88 per cent) were submitted on time, as compared to 22 out of 35 donor reports submitted on time in 2012 (63 per cent).

Donor relations are satisfactory and efforts to leverage funding for children and influencing donors’ agendas on children’s needs and requirements were intensified in 2013. Strong partnerships with the Government of Netherlands, European Union, Japan and the Global Fund were maintained. Partnership with the private sector was reinforced through contacts with key economic stakeholders, which led to a better inclusion of children’s issues in their corporate social responsibility policies, especially in the cocoa and mining sectors.

Contributions received in 2013 included funds from the Netherlands (US$12 million, 2013-2017) for water, sanitation and hygiene, and from the European Union (€8 million 2013-2014) for sanitation and hygiene. In the area of Health, UNICEF raised funds from the Global Fund (€6.2 million, 2013-2014 for malaria management at the community level and €36.5 million for an ITN distribution campaign in 2014). UNICEF also received €1.2 million from Swedish International Development Agency (SIDA) in the framework of IHP+ to support national efforts on reducing Under 5 and maternal mortality rates.
Management of Financial and Other Assets

In 2013, the Country Office began implementation of the FACE form for requesting and reporting of cash transfers by partners. Full implementation of HACT will commence in January 2014 based on approval of the UN Country Team and agreement with the Government. The macro-assessment was conducted and the report was accepted by the Government. The Country Office developed an operating procedure for conducting assurance activities. This document will form the basis for development of the assurance plan. The micro-assessments of partners receiving more than US$100,000 in financial support from UN agencies jointly were conducted by UN agencies. The Country Office participated in that exercise and the results of the micro-assessment conducted by the accounting firm have been shared with all UN agencies. Discussions are ongoing with the Government and implementing partners on the cash transfer modality, assurance activities and capacity building required for the specified partners.

Bank reconciliations are up to date and there are no long outstanding reconciling items. The Country Office has less than 5 per cent (US$12,000) outstanding DCTs (US$3.7 million) over 9 months. Fully 98 per cent of RR and 99 per cent of OR-E were used within the initially agreed upon duration of the grant.

The Country Office conducted the Property Survey Boards and is working on reconciling its asset register with the physical inventory. The Office also received HQ approval to move office premises in Abidjan in 2014, which will provide much needed space to accommodate staff in a secure and conducive work environment, while at the same time yielding a projected savings of US$14,000 over a five year period.

For field trips and missions, the Country Office made use of the aircraft services of UNOCI, which are offered free of charge. Once at the destination, personnel were picked up by the field office staff, which resulted in savings in travel costs for the Office, as there was no need to send a vehicle and a driver by road to conduct the trip.

Use of duty free vouchers for the procurement of fuel was implemented, resulting in savings of about US$13,000. Negotiations were also carried out and use made of the UNOCI fuel, which is duty free and reimbursable by UNICEF to UNOCI on a cost-recovery basis.

The Action Plan to address the recommendations of the October 2013 audit is being developed, and all issues will be addressed.

Supply Management

The total procurement in 2013 amounts to US$10.53 million, of which US$10.45 million relates to procurement of programme supplies and services. The rest is the procurement of office supplies and services. Throughout 2013, the Country Office applied competitive bidding processes for items procured locally and took advantage of long term agreements (LTAs) signed locally, while also seeking the support of the Supply Division whenever possible, to source and deliver items to end users. The use of the LTAs contributed to the successful and effective implementation of the country programme. The Country Office received supplies into its warehouse amounting to US$2.25 million. Supplies for a total of US$2.89 million were issued from the Office’s four warehouses. The total value of supplies at year-end in the Abidjan, Bouake and Man warehouses was US$54,000, US$20,000 and US$33,000, respectively. The Office reviewed the ongoing programme requirements and based on that review, the warehouse at Yamoussoukro was closed.

In 2013, a staff member attended the supply training on warehouse management organized by the Regional Office. The Office participated in Webex sessions on VISION organised by the HQ and the Regional Office, which provided increased knowledge of staff in the processing of transactions in VISION. More training is needed to reinforce the capacity of staff in the supply and logistics module of VISION. That is planned for 2014.

The Country Office, under the ECHO project, procured essential drugs for distribution in the districts to pregnant women and children under 5, amounting to US$5 million. Due to the inadequate warehouse capacity of the Governmental institution (Pharmacie de la Santé Publique) responsible for storing those
drugs, the Office entered into inter-agency agreements with UNOCI and WFP for storage of the medicines. Based on the approval of the extra warehouse, a space was leased to unpack, store and distribute the drugs. Institutional capacity development in warehouse and logistics management was one of the focus areas of the Office in 2013. Approval of the donor was secured to recruit one international staff, one international consultant and two local consultants to support the logistics and warehousing processes for the ECHO project involving the distribution of essential drugs.

The Office played a lead role in the solicitation process that would lead to the establishment of a common supplier database for the UN agencies. This process is ongoing and will be finalised in 2014.

**Human Resources**

The Office designed its human capacity needs according to the needs of the sections in order to achieve the results of the Country Programme based on the strategic priorities that have been defined as well as specific projects to be implemented in 2013. The Office male to female gender ratio stands at 60:40 and the Office has given priority to recruitment of qualified female candidates to address this gender disparity.

While the performance evaluation completion rate for 2012 Performance evaluation review (PERs) stands at 83 per cent, the need to build the capacity of staff members in the PER preparation and performance process was noted, so that the link between key assignments, results and individual objectives can be better defined and articulated. It was noted that measurable indicators in the PERs were not always SMART. To improve the performance of the Office in this area, training on Performance Management is scheduled for January 2014.

The overall completion rate for ethics, integrity and harassment, basic and advanced security in the field for all staff in the Office stands at 98 per cent at the end of December 2013, due to a strong drive by management in the last three months of the year. The Office is aware that there is need to strengthen its process in the development of its learning plan for staff. Future learning and development plans will reflect the global, regional and office priorities. The plans will include development outputs agreed with supervisors and reflected in the key assignments and PERs of staff members.

Gaps in VISION were addressed through on-the-job training, assistance by VISION adept users, lunch hour sessions and brainstorming. To address challenges associated with the liquidation of DCTs, two staff (one from programme and another from operation) participated in the DCT session organised by the Regional Office. With the increased knowledge and brainstorming within the Office, all DCTs pending liquidation with technical difficulties have been resolved. There is still a need for further capacity building in the area of VISION, which will be addressed in 2014.

Staff are aware of the staff counselling resources available through the local Peer Support Volunteers (PSVs) set up by UNDSS and through the new WCARO Regional Staff Counsellor. The local UN Agency stress counsellor provided support to UN agencies through the local UNDSS counselling system for a few months and was also available on a private basis at the request of staff members. Based on the results of the 2011 Global Staff survey, the Office conducted another survey in 2012 to better understand and address the issues emanating from this survey as they relate to UNICEF Cote d’Ivoire. A work plan to address the issues noted was developed. Follow up of the issues to be addressed in the work plan is not done carried out on a systematic basis; more efforts will be put in this direction in 2014.

**Efficiency Gains and Cost Savings**

The Office moved toward processing transfers for payments instead of using cheques. Cheques are only used in exceptional circumstances. This has increased the efficiency of operations and has drastically reduced the time and errors associated with manual cheque writing and issuance. This has also enhanced the security of
operations through bank transfers. The resultant time taken to process transactions has been reduced by about 25 per cent.

The relocation of the Office to another premise in 2014 is expected to bring a projected savings of US$14,000 over a five year period.

The Office has also started using WEBEX to allow field office staff to participate in Programme Coordinating Team (PCT) meetings and other high level meetings. Using WEBEX has contributed to reducing the cost of physically attending such meetings, and saved on travel time. (In the past, participation in a one-day meeting in Abidjan would have required a three day mission from the field office, including two days for travelling back and forth, for both the participants and the driver.)

**Changes in AMP & CPMP**

The Country Office adopted a rolling Annual Management Plan (AMP) for 2012-2013 in early 2012. The AMP 2013 was an update of this rolling plan, taking stock of major changes in the country context and progress toward the Office priorities. The rationale of the rolling AMP was the shift from emergency to development strategies. The posts created in the context of emergency were abolished in 2012. No further changes were suggested in 2013. The Country Office committees were updated on the basis of the guidelines and the necessity of insuring a balanced representation (gender/staff category, etc.).

Considering the global climate in resource mobilisation and its impact on the Country Office, at the end of 2013 the Office initiated sectoral and office-wide discussions on staffing and structure in line with programme priorities for the 2014-2015 country programme extension. The discussion topics cover, among other items, the supervision lines, the sources of funding, the added value of zonal offices, the number of staff per section in comparison with the pursued results and agreement with donors. This exercise aims to provide a forum for discussion and building consensus, with a view to better allocating and utilising the available resources on programme implementation, with a high quality standard of output/outcome for children. The outcome of this exercise will be presented during the upcoming Technical Review Team/Programme and Budget Review (PBR) in the first quarter of 2014. Once this new transitional structure is adopted, reflections on the longer term structure will begin, in preparation for the new Country Programme 2016-2019.

**Summary Notes and Acronyms**

- AIDS - Acquired Immune Deficiency Syndrome
- ARV - Anti-retroviral
- AMP - Annual Management Plan
- AWP - Annual Work Plan
- CAP - Consolidated Appeal Process
- CCC - Core Commitments for Children for Humanitarian Action
- CCM - Common Country Mechanism
- CDC - Centers for Disease Control and Prevention
- CERF - Central Emergency Response Fund
- C4D - Communication for Development
- CMT - Country Management Team
- CPAP - Country Programme Action Plan
- CPD - Country Programme Document